

Clerk stamps date here when form is filed.

You fill in the name and street address of the court that issued the judgment or order you are appealing:

Superior Court of California, County of

You fill in the number and name of the trial court case in which you are appealing the judgment or order:

Trial Court Case Number:
Trial Court Case Name:

You fill in the appellate division case number (if you know it):

Appellate Division Case Number:

Instructions

- Y This form is only for choosing (“electing”) to use an appendix as the record of the documents filed in the trial court on appeal in a **limited civil case**.
- Y Before you fill out this form, read *Information on Appeal Procedures for Limited Civil Cases* (form APP-101-INFO) to know your rights and responsibilities. You can get form APP-101-INFO at any courthouse or county law library or online at www.courts.ca.gov/forms.
- Y You must serve and file this form **no later than 10 days** after the notice of appeal is filed.
- Y Fill out this form and make a copy of the completed form for your records and for each of the other parties.
- Y Serve a copy of the completed form on each of the other parties and keep proof of this service. You can get information about how to serve court papers and proof of service from *What Is Proof of Service?* (form APP-109-INFO) or on the California Courts Online Self-Help Center at www.courts.ca.gov/selfhelp-serving.htm.
- Y Take or mail the original completed form and proof of service on the other parties to the clerk’s office for the same court that issued the judgment or order you are appealing. It is a good idea to take or mail an extra copy to the clerk and ask the clerk to stamp it to show that the original has been filed.

1 Your Information

a. Name of respondent (the party who is responding to an appeal filed by another party):

Name: _____

b. Respondent’s contact information (*skip this if the respondent has a lawyer for this appeal*):

Street address: _____

_____ *Street* *City* *State* *Zip*

Mailing address (*if different*): _____
_____ *Street* *City* *State* *Zip*

Phone: _____ E-mail: _____

c. Respondent's lawyer (*skip this if the respondent does not have a lawyer for this appeal*):

Name: _____ State Bar number: _____

Street address: _____

_____ *Street* *City* *State* *Zip*

Mailing address (*if different*): _____
_____ *Street* *City* *State* *Zip*

Phone: _____ E-mail: _____

Fax: _____

Trial Court Case Number:

Trial Court Case Name: _____

Information About the Appeal

- 2 On (fill in the date): _____ another party filed a notice of appeal in the trial court case identified in the box on page 1 of this form.
- 3 On (fill in the date): _____ the appellant filed an appellant's notice designating the record on appeal.

Record of the Documents Filed in the Trial Court

- 4 The appellant has not been granted a waiver of the fees for a clerk's transcript. I elect under rule 8.845(a) to use an appendix instead of a clerk's transcript under rule 8.832 as the record of the documents filed in the trial court.

Date: _____

Type or print your name

▶ _____
Signature of respondent or attorney