SMALL CLAIMS CASE NO.:	
PLAINTIFF/DEMANDANTE (Name, address, and telephone number of each):	DEFENDANT/DEMANDADO (Name, address, and telephone number of each):
Telephone No.:	Telephone No.:
Telephone No:  See attached sheet for additional plaintiffs and defendants	Telephone No.:
NOTICE OF FILING NOTICE OF APPEAL	
TO: Plaintiff (name):  Defendant (name):	
Your small claims case has been APPEALED to the su perior court. Do not contact the small claims court abou this appeal. The superior court will notify you of the date you should appear in court. The notice of appeal is se forth below.	nores en su caso ha sido APELADA antela corte superior. No se ponga en contacto con la corte para reclamos
Date:	Clerk, by, Deputy
NOTICE OF APPEAL	
I appeal to the superior court, as provided by law, from	
the small claims judgment <b>or</b> the denial of the	motion to vacate the small claims judgment.
DATE APPEAL FILED (clerk to insert date):	
	<b>L</b>
(TYPE OR PRINT NAME)	(SIGNATURE OF APPELLANT OR APPELLANTS ATTORNEY)
I am an insurer of defendant (name)	in this case. The judgment against
defendant exceeds \$2,500, and the policy of insurance with the defendant covers the matter to which the judgment applies.	
	<b>L</b>
(NAME OF INSURER)	(SIGNATURE OF DECLARANT)
OI EDIVIS OF	ERTIFICATE OF MAILING
I certify that  1. I am not a party to this action.  2. This Notice of Filing Notice of Appeal and Notice of Appeal of plaintiff  plaintiff  defendant at the address shown above.  3. The mailing and this certification occurred	
at (place):	, California,
on (date):	Clerk, by, Deputy