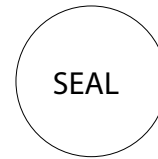


# Appellant's notice

(All appeals except small claims track appeals and appeals to the Family Division of the High Court)

| For Court use only    |  |
|-----------------------|--|
| Appeal Court Ref. No. |  |
| Date filed            |  |

Notes for guidance are available which will help you complete this form. Please read them carefully before you complete each section.



## Section 1 Details of the claim or case you are appealing against

Claim or Case no.  Fee Account no. (if applicable)

Help with Fees - Ref no. (if applicable) **H W F** -  -

Name(s) of the  Claimant(s)  Applicant(s)  Petitioner(s)

Name(s) of the  Defendant(s)  Respondent(s)

### Details of the party appealing ('The Appellant')

Name

Address (including postcode)

|         |                      |
|---------|----------------------|
| Tel No. | <input type="text"/> |
| Fax     | <input type="text"/> |
| E-mail  | <input type="text"/> |

### Details of the Respondent to the appeal

Name

Address (including postcode)

|         |                      |
|---------|----------------------|
| Tel No. | <input type="text"/> |
| Fax     | <input type="text"/> |
| E-mail  | <input type="text"/> |

Details of additional parties (if any) are attached  Yes  No

From which court is the appeal being brought?

- The County Court at
- The Family Court at
- High Court
- Queen's Bench Division
  - Chancery Division
  - Family Division
- Other (please specify)

What is the name of the Judge whose decision you want to appeal?

What is the status of the Judge whose decision you want to appeal?

- District Judge or Deputy       Circuit Judge or Recorder       Tribunal Judge
- Master or Deputy       High Court Judge or Deputy       Justice(s) of the Peace

What is the date of the decision you wish to appeal against?

Is the decision you wish to appeal a previous appeal decision?     Yes     No

**Section 3****Legal representation**

Are you legally represented?

Yes  No

If Yes, is your legal representative (please tick as appropriate)

- a solicitor
- direct access counsel instructed to conduct litigation on your behalf
- direct access counsel instructed to represent you at hearings only

Name of your legal representative

The address (including postcode) of your legal representative

|         |  |
|---------|--|
| Tel No. |  |
| Fax     |  |
| E-mail  |  |
| DX      |  |
| Ref.    |  |

Are you, the Appellant, in receipt of a Civil Legal Aid Certificate?

Yes  No

Is the respondent legally represented?

Yes  No

If 'Yes', please give details of the respondent's legal representative below

Name and address (including postcode) of the respondent's legal representative

|         |  |
|---------|--|
| Tel No. |  |
| Fax     |  |
| E-mail  |  |
| DX      |  |
| Ref.    |  |

## Section 4 Permission to appeal

Do you need permission to appeal?

Yes  No

Has permission to appeal been granted?

**Yes** (Complete Box A)

**No** (Complete Box B)

### Box A

Date of order granting permission

Name of Judge granting permission

### Box B

I

the Appellant('s legal representative) seek permission to appeal.

If permission to appeal has been granted **in part** by the lower court, do you seek permission to appeal in respect of the grounds refused by the lower court?

Yes  No

## Section 5 Other information required for the appeal

Please set out the order (or part of the order) you wish to appeal against

Have you lodged this notice with the court in time?  
(There are different types of appeal - see Guidance Notes N161A)

Yes  No

If '**No**' you must also complete  
**Part B of Section 9 and Section 10**

## Section 6 Grounds of appeal

Please state, in numbered paragraphs, **on a separate sheet** attached to this notice and entitled 'Grounds of Appeal' (also in the top right hand corner add your claim or case number and full name), why you are saying that the Judge who made the order you are appealing was wrong.

I confirm that the grounds of appeal are attached to this notice.

## Section 7 Arguments in support of grounds for appeal

- I confirm that the arguments (known as a 'Skeleton Argument') in support of the 'Grounds of Appeal' are set out **on a separate sheet** and attached to this notice.

**OR** (in the case of appeals other than to the Court of Appeal)

- I confirm that the arguments (known as a 'Skeleton Argument') in support of the 'Grounds of Appeal' will follow within 14 days of filing this Appellant's Notice. A skeleton argument should only be filed if appropriate, in accordance with CPR Practice Direction 52B, paragraph 8.3.

## Section 8 What are you asking the Appeal Court to do?

I am asking the appeal court to:-  
(please tick the appropriate box)

- set aside the order which I am appealing
- vary the order which I am appealing and substitute the following order. Set out in the following space the order you are asking for:-

- order a new trial

## Section 9 Other applications

Complete this section **only** if you are making any additional applications.

### Part A

- I apply for a stay of execution. (You must set out in Section 10 your reasons for seeking a stay of execution and evidence in support of your application.)

### Part B

- I apply for an extension of time for filing my appeal notice. (You must set out in Section 10 the reasons for the delay and what steps you have taken since the decision you are appealing.)

### Part C

- I apply for an order that:

(You must set out in Section 10 your reasons and your evidence in support of your application.)

**Section 10** Evidence in support

In support of my application(s) in Section 9, I wish to rely upon the following reasons and evidence:

**Statement of Truth** – This must be completed in support of the evidence in Section 10

I believe (The appellant believes) that the facts stated in this section are true.

Full name

Name of appellant's legal representative firm

signed

position or office held

Appellant ('s legal representative)

(if signing on behalf of firm or company)

## Section 11 Supporting documents

To support your appeal you should file with this notice all relevant documents listed below. To show which documents you are filing, please tick the appropriate boxes.

If you do not have a document that you intend to use to support your appeal complete the box over the page.

### In the County Court or High Court:

- three copies of the appellant's notice for the appeal court and three copies of the grounds of appeal;
- one additional copy of the appellant's notice and grounds of appeal for each of the respondents;
- one copy of the sealed (stamped by the court) order being appealed;
- a copy of any order giving or refusing permission to appeal; together with a copy of the judge's reasons for allowing or refusing permission to appeal; and
- a copy of the Civil Legal Aid Agency Certificate (if legally represented).

### In the Court of Appeal:

- three copies of the appellant's notice and three copies of the grounds of appeal on a separate sheet attached to each appellant's notice;
- one additional copy of the appellant's notice and one copy of the grounds of appeal for each of the respondents;
- one copy of the sealed (stamped by the court) order or tribunal determination being appealed;
- a copy of any order giving or refusing permission to appeal together with a copy of the judge's reasons for allowing or refusing permission to appeal;
- one copy of any witness statement or affidavit in support of any application included in the appellant's notice;
- where the decision of the lower court was itself made on appeal, a copy of the first order, the reasons given by the judge who made it and the appellant's notice of appeal against that order;
- in a claim for judicial review or a statutory appeal a copy of the original decision which was the subject of the application to the lower court;
- one copy of the skeleton arguments in support of the appeal or application for permission to appeal;
- a copy of the approved transcript of judgment; and
- a copy of the Civil Legal Aid Certificate (if applicable)

Reasons why you have not supplied a document and date when you expect it to be available:-

| Title of document and reason not supplied | Date when it will be supplied |
|---|-------------------------------|
|   |                               |
|   |                               |
|   |                               |
|   |                               |
|   |                               |
|   |                               |
|   |                               |
|   |                               |
|   |                               |
|   |                               |

**Section 12** The notice of appeal must be signed here

Signed  Appellant('s legal representative)