

**SUPERIOR COURT OF WASHINGTON
FOR MASON COUNTY**

STATE OF WASHINGTON,)
Plaintiff,) No. _____)
)
vs.) NOTICE OF APPEAL TO)
) COURT OF APPEALS and)
) DECLARATION OF SERVICE)
_____,) (NACA / AFSR))
Defendant.)
_____)

_____, defendant, seeks review by
Name
the designated appellate court of the _____

Describe decision or part of decision party wants reviewed
entered on _____. A copy of the decision is attached
to this notice.

DATED _____

Defendant's Signature

Address

City, State, Zip

Attorney's Name (WSBA # _____)

Address

City, State, Zip

Telephone Number

DECLARATION OF SERVICE

I certify under penalty of perjury under the laws of the State of Washington, that I served a copy of this notice of appeal by personal delivery / U. S. Mail (postage prepaid) to:

_____,
Deputy Prosecuting Attorney
Mason County Prosecutor's Office
P.O. Box 639, Shelton, WA 98584

Date Place of Signing

Signature (WSBA # _____)