

In the Iowa District Court for _____ County

Plaintiff(s)

(Name)

(Name)

vs.

Defendant(s)

(Name)

(Name)

Notice of Appeal

Small Claim No. _____

1. I (We) appeal to the district court from the judgment entered on the _____ day of _____, 20_____.

2. I (We) am (are) appealing this decision because:

By checking this box, I (We) request an oral hearing. If my (our) request is granted, I (we) will receive a notice of hearing time and date.

Note: The appealing party(ies) must file this original form with the clerk of court, and the clerk will provide a copy to the other party(ies) or the attorney(s) of the other party(ies), if any.

Appealing party's signature

Printed name

Mailing address

Phone #

Email address

Appealing party's signature

Printed name

Mailing address

Phone #

Email address