

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 electronically file this original Notice of Appeal using the Iowa Judicial Branch Electronic Document Management System (EDMS) at <https://www.iowacourts.state.ia.us/EFile>, unless exempted from electronic filing requirements by the court. EDMS will serve a copy of this Notice of Appeal on the other party(ies) or on the attorney(s) for the other party(ies). The Notice of Electronic Filing will indicate if the other party(ies) are exempt from electronic filing, and if the appealing party(ies) must mail a copy of this Notice of Appeal to the other party(ies).

/s/ _____
Filing Appealing Party or Attorney

Law firm, or entity for which filing is made, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable

/s/ _____
Second Appealing Party, if applicable

Law firm, or entity for which filing is made, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable