

Notice of Appeal – Limited Actions

This is a generic Notice of Appeal and may not be suitable for all situations. It is up to you to determine if this is the correct form. You are also responsible to make sure that you follow the proper appeal procedures.

Go to:

www.kscourts.org/KSCourts/media/KsCourts/Appellate%20Clerk/Appellate-Procedure-Outline.pdf for help on how to file an appeal.

If you have any further questions, please contact an attorney. There is an attorney available in the Self Help Center on Wednesdays 9:00 a.m. to 4:00 p.m. (closing for lunch from 12:00 p.m. – 1:00 p.m.) and on the 2nd and 4th Monday of the month from 1:00 p.m. – 4:00 p.m.

IN THE 29TH JUDICIAL DISTRICT
DISTRICT COURT WYANDOTTE COUNTY, KANSAS
LIMITED ACTIONS DEPARTMENT

_____, Plaintiff

Address

CASE NO. _____

v.

_____, Defendant

Address

Pursuant to Chapter 61 of Kansas Statutes Annotated

NOTICE OF APPEAL

_____ (insert name) Plaintiff Defendant appeals from the following order, ruling, or judgment entered on _____ (date):

_____.

This appeal is from:

a district magistrate judge who is not regularly admitted to practice law in Kansas to a district judge of this Court and I am filing this Notice of Appeal:

no later than 7 days after entry of an order granting restitution of premises because I want to appeal from that part of the judgment; or

no later than 14 days after entry of the order, ruling or judgment.

OR

a district judge or a district magistrate judge who is regularly admitted to practice law in Kansas to the Kansas Court of Appeals and I am filing this Notice of Appeal:

no later than 7 days after entry of an order granting restitution of premises because I want to appeal from that part of the judgment; or

no later than 30 days after entry of the order, ruling or judgment.

Dated: _____, 20____

Signature: _____

CERTIFICATE OF SERVICE

On _____, 20_____, I filed the original with the Clerk of the Limited Actions Department and mailed a true and correct copy of the above Notice of Appeal by first-class United States mail, postage prepaid, to the person(s) listed below, at the address shown:

Name: _____

Address: _____

City, State Zip: _____

Signature