

IN THE MUNICIPAL COURT OF THE CITY OF SHELTON, STATE OF WASHINGTON  
AMBER L. FINLAY, JUDGE

CITY OF SHELTON,

Plaintiff

VS.

Defendant.

MUNICIPAL COURT

CAUSE NO. \_\_\_\_\_

SUPERIOR COURT

CAUSE NO. \_\_\_\_\_

**NOTICE OF APPEAL**

The Appellant (*Please Print Your Name*) \_\_\_\_\_ seeks review by the Mason

County Superior Court of the decision rendered in the Shelton Municipal Court under

Cause No.: \_\_\_\_\_ entered on \_\_\_\_\_ in the above named Court.  
(date)

**Type of Case Appealed:**

Criminal (RALJ) \_\_\_\_\_  
(include charge description)

Civil (RALJ)

Infraction (RALJ)

**Designate each decision to be reviewed:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Appellant or  
Attorney for Appellant

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Bar No.: \_\_\_\_\_

Telephone; ( ) \_\_\_\_\_

Attorney for Respondent

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Bar No.: \_\_\_\_\_

Telephone; ( ) \_\_\_\_\_

Respondent or

Your Address: *(If not provided above)* \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_

Signature of Appellant