
Attorney at Law
[address/phone/fax/e-mail]

IN THE SUPREME COURT OF THE STATE OF MONTANA

Supreme Court Cause No. _____ *[to be assigned by the Clerk of the Supreme Court]*

Appellant

vs.

Appellee.

NOTICE OF APPEAL

NOTICE is given that _____, the Appellant above-named and who is the _____ (Petitioner/Respondent/or other designation) in that cause of action filed in the Workers' Compensation Court of the State of Montana as Cause No. ____, hereby appeals to the Supreme Court of the State of Montana from the final judgment or order entered in such action on the ____ day of _____, 20__.

The Appellant Further Certifies:

1. That this appeal _____ is/is not _____ subject to the mediation process required by Rule 7, Mont. R. App. P. If subject to mediation, the money judgment being sought is/is not less than \$5000.
2. That this appeal _____ is/is not _____ an appeal from an order certified as final under Rule 54(b), Mont. R. Civ. P. If this is such an appeal, a true copy of the Workers' Compensation Court's certificate order is attached hereto as Exhibit "A."

3. That the notice required by Rule 27, Mont. R. App. P., has been or will be given within 11 days of the date hereof to the Supreme Court and to the Montana Attorney General with respect to a challenge to the constitutionality of any act of the Montana Legislature.

4. That all available transcripts of the proceedings in this cause _____ have been/have not been _____ ordered from the court reporter contemporaneously with the filing of this Notice of Appeal. If all available transcripts have not been ordered, that Appellant has complied with the provisions of Rule 8(3), Mont. R. App. P., contemporaneously with the filing of this Notice of Appeal.

5. That included herewith is the filing fee prescribed by statute or the affidavit to proceed without payment of the required filing fee prescribed in the Appendix of Forms as Form 3.

DATED this _____ day of _____, 20____.

By: _____
Attorney for

CERTIFICATE OF SERVICE

I hereby certify that I have filed a true and accurate copy of the foregoing Notice of Appeal with the Clerk of the Montana Supreme Court, and that I have served true and accurate copies of the foregoing Notice of Appeal upon the Clerk of the Workers' Compensation Court, each attorney of record, and each party not represented by an attorney in the above-referenced Workers' Compensation Court action as follows:

(List the name and address of the Clerk of the Workers' Compensation Court, each court reporter, and each attorney or party served.)

DATED this _____ day of _____, 20____.

Name

Address

Title