

Request to Appeal Judgment

Last Name:	First Name:		
Case Number or Citation Number:			
Date of Court Disposition/Judgment:			
Instructions:			
 Complete this Request to Appeal Judgment and submit to the Municipal Court within 30 days of entry of judgment. Include a check payable to The State of Oregon in the amount of \$281. This fee is nonrefundable. <i>The State of Oregon requires a filing fee to file an appeal</i>. You may contact the Marion County Circuit Court to determine if you qualify for a fee deferral. 			
		Cases appealed from the City of Salam Municipal Cov	art are filed with the State of Oragon Circuit Court for
		Cases appealed from the City of Salem Municipal Court are filed with the State of Oregon Circuit Court for Marion County. The appeal together with the original notice of appeal and proof/acknowledgement of service	
must be filed with the Municipal Court within 30 days of entry of judgment. Appeals filed more than 30 days from the date of judgment will be denied.			
from the date of judgment will be defined.			
Request to Appeal:			
Continue on separate document if needed.			
\$ 281 Nonrefundable Fee Included Payable to Sta	te of Oregon or Fee Deferral/Fee Waiver Form		
Completed Request to Appeal Judgment			
Date of Court Decision/Judgment is within 30 Days			
Defendant Signature	Date		