

SISSETON WAHPETON OYATE SUPREME
COURT OF APPEALS

Plaintiff, APP _____

Vs.

NOTICE OF APPEAL

Defendant,

PLEASE TAKE NOTICE THAT THE _____ hereby appeals from the
decision of the lower court (Judge Name _____) dated
_____ for the following reason: (Explain in detail why you feel the court
committed error)

(S) _____

CASE NAME: _____ V. _____

PARTIES TO THE APPEALS: (name and address)

Appellant(s):
(Person filing appeal)

Respondent(s)/Appellee
(Person answering appeal)

Attorney/Counsel:

Attorney/Counsel:

Respectfully submitted this _____ day of _____, 20_____

Party Appealing

CERTIFICATE OF SERVICE: THIS NOTICE MUST BE SERVED ON THE OPPOSING PARTIES
BY MAIL.
THERE IS A \$ 100.00 FILING FEE REQUIRED. MAY BE PAID BY CASH, MONEY ORDER, OR
DEBIT/CREDIT CARDS.