

COURT REPORTER NOTICE OF DESIGNATION OF THE RECORD

Circuit Court: _____ Circuit Court Judge: _____ Circuit Court Docket Number(s): _____ <hr/> Arkansas Department of Health and Human Services v. <hr/> <input type="checkbox"/> parents <input type="checkbox"/> guardians <input type="checkbox"/> custodian <hr/> _____ [children's initials] Appellant: _____	COURT USE ONLY
<input type="checkbox"/> NOTICE OF APPEAL AND DESIGNATION OF THE RECORD <input type="checkbox"/> CROSS-APPEAL AND DESIGNATION OF RECORD	

ATTACH NOTICE OF APPEAL that indicates record requested and payment arranged.

1. Arrangements for payment of the record have been made or the court has determined appellant indigent for payment of the record and appointment of counsel for the appeal. (Please check)
2. I, _____, attest that I shall make arrangements to have the record completed and certified within 60 days.

 Signature of Court Reporter Date

Pursuant to Rule 6-9(c)(4), within five after receipt of the notice of appeal and designation of the record (Form 1), the court reporter shall file a statement by mail or fax with the circuit clerk indicating whether arrangements for payment have been made and that the record will be completed within 60 days.

CERTIFICATE OF SERVICE

I certify that on _____ (today's date) the original of this COURT REPORTER NOTICE OF DESIGNATION was filed with the Circuit Clerk; and a true and accurate copy of this NOTICE was served on the other party(ies) by any form of mail with a signed receipt to the following:

Name & Address

Court Reporter

Name & Address

Date

Name & Address

Name & Address

Name & Address