

NOTICE OF APPEAL OR CROSS APPEAL AND 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 _____ [children's initials] Appellant: _____	COURT USE ONLY
Appellant's Attorney or Appellant if no Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Attorney Bar #: _____	
<input type="checkbox"/> NOTICE OF APPEAL AND DESIGNATION OF THE RECORD <input type="checkbox"/> CROSS-APPEAL AND DESIGNATION OF RECORD	

Notice is hereby given that _____ as counsel for _____ hereby appeals or cross-appeals the order of the Circuit Court entered on _____ (date) with reference to a hearing regarding:

- denial of appointed counsel
- adjudication
- disposition (only if a final order pursuant to Ark. R. Civ. P. Rule 54(b))
- review (only if a final order pursuant to Ark. R. Civ. P. Rule 54(b))
- permanency planning (only if a final order pursuant to Ark. R. Civ. P. Rule 54(b))
- termination of parental rights

and all adverse rulings made therein.

DESIGNATION OF RECORD

The clerk of the Circuit Court will prepare the record on appeal, which shall include, pursuant to Rule 6-9, the following items:

1. The Circuit Court shall include all include all pleadings, motions, reports, exhibits, and orders of the court relevant to the order from which the appeal arose as designated by the appellant:
 - pleadings dated: _____
 - motions dated: _____
 - reports dated: _____
 - exhibits dated: _____
 - orders dated: _____
 - other (describe) dated: _____

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- 2. The original transcript from the date(s) _____ of the proceeding resulting in the Circuit Court order on appeal.
- 3. 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.
- 4. The name and address of the court reporter(s) is:

Name

Name

Address

Address

City State Zip Code

City State Zip Code

Signature, attorney for appellant Date

Signature of appellant Date

CERTIFICATE OF SERVICE

I certify that on _____ (today's date) the original of this *NOTICE OF APPEAL (CROSS-APPEAL) AND DESIGNATION OF RECORD* was filed with the Circuit Clerk; and a true and accurate copy of this *NOTICE OF APPEAL (CROSS-APPEAL) AND DESIGNATION OF RECORD* was served on the other party(ies) and any court reporters listed above by any form of mail with a signed receipt to the following:

Name & Address

Attorney Signature

Name & Address

Date Bar Number

Name & Address

OR

Name & Address

Appellant (if pro se litigant) Signature

Name & Address

Date

Name & Address

Name & Address