

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name & Address</i>): Telephone No.: _____ Fax No. (Optional): _____ E-Mail Address (Optional): _____ ATTORNEY FOR (<i>Name</i>): _____ Bar No: _____	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE JUSTICE CENTER: 700 Civic Center Dr. West, Santa Ana, CA 92701-4045	
APPELLANT: RESPONDENT:	
NOTICE OF APPEAL – CIVIL CITATION	CASE NO: _____

Civil Citation fine/penalty has been paid. has been waived by the citing agency.

Contestant/Appellant, _____, of the above entitled action, having exhausted the administrative review process, hereby appeals to the Superior Court of California, County of Orange from the final decision of the administrative review, which was mailed or personally served on _____, regarding Civil Citation number: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF APPELLANT OR ATTORNEY)

NOTE: A separate appeal must be filed for each civil citation. A copy of this document must be mailed to the citing agency. The original appeal with proof of service must be filed with the court with the proper filing fee.

PROOF OF SERVICE BY MAIL

I deposited a copy of the Notice of Appeal in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows: (Name and address of citing agency)

Date of mailing: _____ Place of mailing (city and state): _____
 I am a resident of or employed in the county where the Notice of Appeal was mailed. My residence or business address is: Street Address: _____ City: _____ State: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF DECLARANT)