

**LYNNWOOD MUNICIPAL COURT, SNOHOMISH COUNTY,
STATE OF WASHINGTON**

STATE OF WASHINGTON
 CITY OF LYNNWOOD:

Plaintiff/
vs

Defendant/

LYNNWOOD MUNICIPAL COURT
CASE NO. _____

SUPERIOR COURT
CASE NO. _____

NOTICE OF APPEAL

The Appellant (*Please Print Your Name*) _____ seeks review by the Snohomish County Superior Court of the decision rendered in **Lynnwood Municipal Court** under

Case No: _____ entered on _____ in the above named Court.
(date)

Type of Case Appealed:

Criminal (RALJ) _____
(include charge description)

Infraction (RALJ) _____
(include charge description)

Designate each decision to be reviewed:

Appellant or
Attorney for Appellant

Name: _____

Address: _____

Bar No. _____

Telephone _____

Attorney for Respondent (Prosecutor)

Name: **Zachor & Thomas**

Address: **23607 Highway 99, Suite 3D
Edmonds WA 98026**

Bar No. **06327**

Telephone **425 778-2429**

Respondent or

Your address: (*If not provided above*) _____