



# Grays Harbor County District Court

Megan M. Valentine, Judge, Dept. 1

Andrea Vingo, Judge, Dept. 2

MiHa Kapaki, Court Administrator

102 W. Broadway, Room 202 Montesano, WA  
Telephone 360-249-3441 Fax 360-249-6831  
2109 Sumner Ave, Room 201 Aberdeen, WA  
Telephone 360-532-7061 Fax 360-532-7704  
[www.graysharbor.us](http://www.graysharbor.us)

## CIVIL CASES & INFRACTIONS

### APPEAL

#### What if I disagree with the judge's decision?



Civil case decisions in most cases can be appealed to Superior Court. Appeals must be made within 30 days of the entry of the judgment. More information about appealing civil cases and infractions can be found in the Rules of Appeal for Courts of Limited Jurisdiction (RALJ). To appeal, you must:

1. **Prepare a written Notice of Appeal** and file it with clerk at District Court 2. Forms are available from the clerk or at [www.graysharbor.us/government/district\\_court](http://www.graysharbor.us/government/district_court). *Make sure that you fill out the form completely* and indicate: 1. the type of case you are appealing, 2. which court you are appealing from, 3. which court you are appealing to, 4. which party or parties are appealing the decision, 5. which decision or part of the decision you want to have reviewed; and 6. the name and mailing address for each party and attorney (if any);
2. **Pay a \$40 record preparation fee** to the clerk at District Court 2;
3. **Pay the superior court filing fee of \$230** to the clerk at District Court 2 (cash, cashier's check, or money order) made out to the Grays Harbor County Superior Court Clerk;
4. **Serve a copy of the Notice of Appeal immediately on all parties;** and
5. **File and serve a designation of record** on the court and all parties within 14 days of filing the notice of appeal.

#### What happens next?



Within 14 days of the designation being filed, the clerk will let you know that the record has been collected and copied. **You must pay for a copy of the record of proceedings in order for your appeal to continue.** The cost is 50 cents per page, and you must pay for the record of proceedings in full within ten days of the clerk notifying you. **You must also transcribe the audio portion of the hearing.** You will file the transcript with your brief in the court you are appealing to.

#### What if I need help?



The clerk cannot provide legal advice, however, if you have additional questions about the process or need a form, please contact the clerk at (360) 532-7061 or [GHDC2@graysharbor.us](mailto:GHDC2@graysharbor.us). You can also find more information at the court's web site at [www.graysharbor.us/government/district\\_court](http://www.graysharbor.us/government/district_court).

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| <b>GRAYS HARBOR COUNTY DISTRICT<br/>COURT</b> |
| <hr/>   |
| <b>Plaintiff / Petitioner,</b>                |
| <b>v.</b>                                     |
| <hr/>   |
| <b>Defendant / Respondent.</b>                |

No.

**NOTICE OF APPEAL**

1. Appellant, \_\_\_\_\_, the named (Plaintiff / Petitioner) (Defendant / Respondent) above seeks review by the Superior Court of Grays Harbor County of the decision in cause number \_\_\_\_\_ entered on the date of \_\_\_\_\_, by Grays Harbor County District Court.

2. Specific errors of law claimed are: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Within 14 days the appellant will file and serve on all other parties a designation of the part of the record that needs to be transmitted to the superior court. Appellant shall pay for the cost of preparing the record within 10 days of notification by the

clerk that the record is ready unless the court has waived payment.

4. Appellant shall transcribe the electronic recording of proceedings in accordance with RALJ 6.3A, and shall file the transcript of the record with the superior court clerk.
5. Copies of this notice must be served on all other parties.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Appellant's Signature

\_\_\_\_\_  
Appellant's Lawyer & Bar Number

\_\_\_\_\_  
Print/type Appellant's name

\_\_\_\_\_  
Print/type Lawyer's name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Print/type Respondent's name

\_\_\_\_\_  
Respondent's Lawyer's Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
City                      State                      Zip

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|---|
| <b>GRAYS HARBOR COUNTY DISTRICT<br/>COURT</b> |
| <hr/>   |
| <hr/> <b>Plaintiff / Petitioner,</b>          |
| <hr/>   |
| <b>v.</b>                                     |
| <hr/>   |
| <hr/>   |
| <b>Defendant / Respondent.</b>                |

No.

**DESIGNATION OF RECORD  
ON APPEAL**

TO THE CLERK OF THE COURT: Please prepare the following documents, exhibits and digital recordings for transmittal to the Superior Court:

DOCUMENT NAMES / DATES & TIMES OF DIGITAL RECORDINGS:

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Copies of this designation of record on appeal have been sent to all parties.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Appellant's Signature

\_\_\_\_\_  
Appellant's Lawyer & Bar Number

\_\_\_\_\_  
Print/type Appellant's name

\_\_\_\_\_  
Print/type Lawyer's name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
City                      State                      Zip