

HELP SHEET FOR SMALL CLAIMS  
NOTICE OF APPEAL  
(Trial De Novo Within District Court)  
K.S.A. 61-2709

1. An Appeal may be taken from any judgment under the Small Claims Act within 14 days from the filing of the Journal Entry of Judgment in Small Claims Court.
2. After preparing the Notice of Appeal, file in the Civil Department of the Office of the Clerk of the District Court. **FILING FEE \$195.00 (\$173.00 DOCKET FEE + \$22.00 SURCHARGE).** Bring the Original and 3 copies. (The Clerk will keep the Original and one copy. She will give you back a file stamped copy for you and one to mail to the other party on the case.)
3. The caption will remain the same as on the Small Claims Case.
4. No Garnishments or other action to compel payment of judgment may be filed while case is on Appeal unless a supersedeas bond is filed.
5. When the Notice of Appeal is filed - the Small Claims Case will be closed. All future papers will be filed in the Civil Appeal Case.
6. You will need to contact the Administrative Assistant for the Division your case is assigned to in order to proceed with your Appeal.
7. It is your responsibility to find out how to properly proceed, or consult an Attorney. Once the Appeal is filed you may be represented by an Attorney.

**EMPLOYEES IN THE OFFICE OF THE CLERK OF THE DISTRICT COURT CANNOT GIVE YOU ANY LEGAL ADVICE BY ORDER OF THE SUPREME COURT OF KANSAS. THEY CANNOT TELL YOU HOW TO COMPLETE FORMS, HOW TO PROCEED, OR WHAT YOU NEED TO FILE. YOU MAY BE ABLE TO GET ANSWERS TO QUESTIONS THROUGH: ACCESS TO JUSTICE ADVICE LINE 1-800-675-5860 OR CHECK THE SELF HELP INFORMATION AT [www.kscourts.org](http://www.kscourts.org) IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS**

DIVISION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Plaintiff(s)

VS

CASE NUMBER \_\_\_\_\_ CV \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Defendant(s)

**NOTICE OF APPEAL**

Notice is hereby given that Plaintiff ☐ Defendant ☐ \_\_\_\_\_  
appeal from judgment, dated \_\_\_\_\_ to Chapter 60 Civil as Trial De Novo  
within District Court. Small Claims Case Number is \_\_\_\_\_ SC \_\_\_\_\_

Submitted By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone Number

**CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a true and correct copy of the foregoing was deposited in the  
U.S. Mail, on \_\_\_\_\_ addressed to \_\_\_\_\_,  
at: \_\_\_\_\_.

Signed: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Clerk Or Deputy Clerk