

IN THE CHANCERY COURT FOR KNOX COUNTY, TENNESSEE

Plaintiff/Petitioner,

vs. Docket No. _____

Defendant/Respondent

NOTICE OF APPEAL

Notice is given that _____
(List the names of all appealing parties.)

_____ appeal(s) the final judgment of the Chancery
Court for Knox County, Tennessee, filed on _____ [date Final Judgment filed] to the
_____ [Court of Appeals / Supreme Court (Worker's Compensation)].

ADDITIONAL INFORMATION

Type of Case (check most appropriate item):

Civil Worker's Compensation Parental Termination

Chancellor: _____

Civil Appeal Cost Bond (check most appropriate item):

- filed in trial court with copy attached
- indigent with copy of Order for Indigency or Affidavit attached
- cash bond filed in trial court with copy attached

List of Parties

Appellant: _____ At trial: ___ Plaintiff ___ Defendant
Address: _____
Telephone: _____
Attorney's Name: _____ BPR # _____
Attorney's Address: _____ Phone: _____

Attach an additional information sheet for each additional Appellant

Appellee: _____ At trial: ___ Plaintiff ___ Defendant
Address: _____
Telephone: _____
Attorney's Name: _____ BPR # _____
Attorney's Address: _____ Phone: _____

Attach an additional information sheet for each additional Appellee.

CERTIFICATE OF SERVICE

I, _____, certify that I have forwarded a true and exact copy of this Notice of Appeal by First Class, United States Mail, postage prepaid, to all parties and/or their attorneys in this case in accordance with Rule 20 of the Tennessee Rules of Appellate Procedure on this the ____ day of _____, 20 ____.

Signature of Appellant -or- Attorney of Appellant