|  |  |
| --- | --- |
| **The City of Seattle**, Plaintiff | **Designation of Clerk’s Papers** |
| vs |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, DEFENDANT | Case Number:  |

**RALJ 6.2(a):** The party seeking review (appeal) shall, within **14 days** of filing the notice of appeal, serve on all other parties and file with the clerk of the court of limited jurisdiction a designation of those portions of the record that the party wants the clerk to transmit to the superior court. Within **14 days** after the designation is filed, the clerk of the court of limited jurisdiction shall prepare the record and notify each party that the record is ready to transmit and the amount to be paid by each party. Each party shall pay for the cost of preparing the portion of the record designated by the party within **10 days** of the clerk’s notification unless the party has been excused from paying by the court. Promptly after receiving payment, or when payment is excused, the clerk of the court of limited jurisdiction shall certify that the record is true and complete, transmit it to the superior court, and notify the parties that the record has been transmitted.

***Instructions:*** Review the case file and list any documents and exhibits by title and date below that you want to be filed with the superior court as part of your appeal record. Unless fees have been waived in this matter, copies are 15 cents per page. Please use the Tape Request Form for copies of the audio record for your case.

|  |  |  |
| --- | --- | --- |
| **DATE** | **DOCUMENT/EXHIBIT TITLE** | **CLERK’S USE ONLY** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

FILED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **PAGE: \_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **DATE** | **DOCUMENT/EXHIBIT TITLE** | **CLERK’S USE ONLY** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |