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|  No. 1O. 61, r. 2 NOTICE OF APPEAL TO HIGH COURT SITTING IN DUBLIN.\_\_\_\_\_\_\_THE HIGH COURTCircuit No. ...County of ........Between ……………..A.B. ………………………………………………… Plaintiffand …………………..C.D…………………………………………………..DefendantTake notice that the defendant C.D. [*or*plaintiff A.B. *or other person appealing*] hereby appeals to the High Court, sitting in Dublin at the first opportunity after the expiration of twenty-eight days from the date of service hereof from the whole of the judgment of the Circuit Court given herein the ... day of ....., 20... [*or*from so much of the judgment, of the Circuit Court Judge given herein the ... day of ....., 20..., as [*set out the portion complained of*].**1. Appellant Details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|   |   | Where there are two or more appellants by or on whose behalf this notice is being filed please provide relevant details for each of the appellants

|  |  |
| --- | --- |
| Appellant’s full name |   |
| Original status of appellant in proceedings under appeal |   | Plaintiff |   | Defendant |
|   |   | Applicant |   | Respondent |
|   |   | Petitioner |   | Notice Party |

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| **Solicitor** |  |
| --- | --- |
| Name of firm |   |
| Name of solicitor responsible for this appeal |   |
| Email |   |
| Address |   |
| Postcode |   |
| Telephone No. |   |
| Document Exchange No. |   |
| Ref. |   |

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|   |   | If the Appellant is not legally represented please complete the following |
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| --- | --- |
| Current postal address |   |
| e-mail address |   |
| Telephone no. |   |

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|   |   | **2. Respondent Details** |
|   |   | Where there are two or more respondents affected by this application for leave to appeal, please provide relevant details, where known, for each of those respondents

|  |  |
| --- | --- |
| Respondent’s full name |   |
| Original status of respondent in proceedings under appeal |   | Plaintiff |   | Defendant |
|   |   | Applicant |   | Respondent |
|   |   | Petitioner |   | Notice Party |

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| **Solicitor** |  |
| --- | --- |
| Name of firm |   |
| Name of solicitor responsible for this appeal |   |
| Email |   |
| Address |   |
| Postcode |   |
| Telephone No. |   |
| Document Exchange No. |   |
| Ref. |   |

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|   |   | If the Respondent is not legally represented please complete the following |
|   |   |

|  |  |
| --- | --- |
| Current postal address |   |
| e-mail address |   |
| Telephone no |   |

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Dated ………………..20….(Signed) ………………………Name:Address:To: Chief Registrar, Central Office, High CourtAnd to: ………………………, Respondentat…………………………………………..  No. 2O. 61, r. 2 NOTICE OF APPEAL TO HIGH COURT ON CIRCUIT \_\_\_\_\_\_\_THE HIGH COURTCircuit No. ...County of ........Between ……………..A.B. ………………………………………………… Plaintiffand …………………..C.D…………………………………………………..DefendantTake notice that the defendant C.D. [*or* plaintiff A.B., *or other person appealing*] hereby appeals to the High Court on Circuit sitting at …...... at the next sitting thereof after the expiration of twenty-eight days from the date of service hereof from the whole of the judgment of the Circuit Court given herein, the ... day of ....., 20 ..., [*or* from so much of the judgment of the Circuit Court given herein the ….day of ….., 20…. , as [*set out the portion complained of].***1. Appellant Details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|   |   | Where there are two or more appellants by or on whose behalf this notice is being filed please provide relevant details for each of the appellants

|  |  |
| --- | --- |
| Appellant’s full name |   |
| Original status of appellant in proceedings under appeal |   | Plaintiff |   | Defendant |
|   |   | Applicant |   | Respondent |
|   |   | Petitioner |   | Notice Party |

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| **Solicitor** |  |
| --- | --- |
| Name of firm |   |
| Name of solicitor responsible for this appeal |   |
| Email |   |
| Address |   |
| Postcode |   |
| Telephone No. |   |
| Document Exchange no. |   |
| Ref. |   |

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|   |   | If the Appellant is not legally represented please complete the following |
|   |   |

|  |  |
| --- | --- |
| Current postal address |   |
| e-mail address |   |
| Telephone no. |   |

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|   |   | **2. Respondent Details** |
|   |   | Where there are two or more respondents affected by this application for leave to appeal, please provide relevant details, where known, for each of those respondents

|  |  |
| --- | --- |
| Respondent’s full name |   |
| Original status of respondent in proceedings under appeal |   | Plaintiff |   | Defendant |
|   |   | Applicant |   | Respondent |
|   |   | Petitioner |   | Notice Party |

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| **Solicitor** |  |
| --- | --- |
| Name of firm |   |
| Name of solicitor responsible for this appeal |   |
| Email |   |
| Address |   |
| Postcode |   |
| Telephone no. |   |
| Document Exchange no. |   |
| Ref. |   |

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|   |   | If the Respondent is not legally represented please complete the following |
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| --- | --- |
| Current postal address |   |
| e-mail address |   |
| Telephone no. |   |

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Dated ………………..20….(Signed)………………………Name:Address:To: County Registrar, County of ……….And to: ………………………, Respondentat………………………………………….. |
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