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| No. 1  O. 61, r. 2  NOTICE OF APPEAL TO HIGH COURT SITTING IN DUBLIN.  \_\_\_\_\_\_\_  THE HIGH COURT  Circuit No. ...  County of ........  Between ……………..A.B. ………………………………………………… Plaintiff  and …………………..C.D…………………………………………………..Defendant  Take 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**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | 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 | | |  |  | | **Solicitor** |  | | --- | --- | | Name of firm |  | | Name of solicitor responsible for this appeal |  | | Email |  | | Address |  | | Postcode |  | | Telephone No. |  | | Document Exchange No. |  | | Ref. |  | | |  |  | If the Appellant is not legally represented please complete the following | |  |  | |  |  | | --- | --- | | Current postal address |  | | e-mail address |  | | Telephone no. |  | | |  |  | **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 | | |  |  | | **Solicitor** |  | | --- | --- | | Name of firm |  | | Name of solicitor responsible for this appeal |  | | Email |  | | Address |  | | Postcode |  | | Telephone No. |  | | Document Exchange No. |  | | Ref. |  | | |  |  | If the Respondent is not legally represented please complete the following | |  |  | |  |  | | --- | --- | | Current postal address |  | | e-mail address |  | | Telephone no |  | |   Dated ………………..20….  (Signed) ………………………  Name:  Address:  To: Chief Registrar, Central Office, High Court  And to: ………………………, Respondent  at…………………………………………..    No. 2  O. 61, r. 2  NOTICE OF APPEAL TO HIGH COURT ON CIRCUIT  \_\_\_\_\_\_\_  THE HIGH COURT  Circuit No. ...  County of ........  Between ……………..A.B. ………………………………………………… Plaintiff  and …………………..C.D…………………………………………………..Defendant  Take 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**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | 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 | | |  |  | | **Solicitor** |  | | --- | --- | | Name of firm |  | | Name of solicitor responsible for this appeal |  | | Email |  | | Address |  | | Postcode |  | | Telephone No. |  | | Document Exchange no. |  | | Ref. |  | | |  |  | If the Appellant is not legally represented please complete the following | |  |  | |  |  | | --- | --- | | Current postal address |  | | e-mail address |  | | Telephone no. |  | | |  |  | **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 | | |  |  | | **Solicitor** |  | | --- | --- | | Name of firm |  | | Name of solicitor responsible for this appeal |  | | Email |  | | Address |  | | Postcode |  | | Telephone no. |  | | Document Exchange no. |  | | Ref. |  | | |  |  | If the Respondent is not legally represented please complete the following | |  |  | |  |  | | --- | --- | | Current postal address |  | | e-mail address |  | | Telephone no. |  | |   Dated ………………..20….  (Signed)………………………  Name:  Address:  To: County Registrar, County of ……….  And to: ………………………, Respondent  at………………………………………….. |
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