STATE OF NORTH CAROLINA		Form IDS-039	(New 01/12)		
		File No.			
Name Of Indigent Respondent		APPEAL NOTIFICATION Child Support Contempt			
Case Name	IDS Rule 3.2(b)		3.2(b); NC Rules of Appellate Pro	(b); NC Rules of Appellate Procedure, Rule 3	
<b>INSTRUCTIONS:</b> Appointed counsel at the trial level completes this form to notify the Office of the Parent Representation Coordinator that an order in a child support contempt proceeding will be or has been appealed to the appellate division. Whenever possible, counsel should complete this form as soon as they think an order will be appealed and before they file a written notice of appeal. Counsel are urged to wait to file a written notice of appeal until after a written order has been filed. Completed forms should be sent to: Wendy Sotolongo, Parent Representation Coordinator, by email to wendy.c.sotolongo@nccourts.org or by facsimile to (919) 354-7231.					
	I. TRIAL ATTOR	NEY INFOR	RMATION		
Name Of Attorney		Phone Number			
Mailing Address		Facsimile Number			
		Email Address			
	II. CLIENT I	NFORMAT	TON		
Name Of Client		Phone Number (if available)			
Mailing Address (if available)		Email Address (if available)			
	Social Security Number (if available)				
	III. CASE I	NFORMAT	TION		
Type Of Hearing/Order Being Appealed (check all that apply)         Civil Contempt       Other (specify):			Date(s) Of Hearing		
Was the Hearing Recorded?  Yes No			Duration Of Hearing		
Custodial Parent's Name(s)			Name Of Presiding Ju	— Name Of Presiding Judge	
Custodial Parent's Address (if available)			Date Of Order		
			Date Notice Of Appeal Filed (if applicable)		
Do You Need Assistance With Any Of The Followin		ring the Notice	e of Appeal 🛛 Determinin	g if the Order is Appealable	
Additional Information About Case Issues Or Conc Appellate Counsel (attach additional sheets if neces		he Office Of T	he Parent Representation Cod	ordinator In Identifying Appropriate	
Date Signat	Signature of Attorney				