

**ADDITIONAL LAWYER ON APPEAL INFORMATION**

Check the appropriate box.  
Enter the name, address, telephone number, email address, lawyer registration number, and fax number of any other lawyers.

Lawyer for:  Appellant  Appellee

Name: \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_  
*Street, Apt # City State ZIP*

\_\_\_\_\_  
*Telephone Email address*

\_\_\_\_\_  
*Lawyer Registration Number Fax number*

Lawyer for:  Appellant  Appellee

Name: \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_  
*Street, Apt # City State ZIP*

\_\_\_\_\_  
*Telephone Email address*

\_\_\_\_\_  
*Lawyer Registration Number Fax number*

Lawyer for:  Appellant  Appellee

Name: \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_  
*Street, Apt # City State ZIP*

\_\_\_\_\_  
*Telephone Email address*

\_\_\_\_\_  
*Lawyer Registration Number Fax number*

Lawyer for:  Appellant  Appellee

Name: \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_  
*Street, Apt # City State ZIP*

\_\_\_\_\_  
*Telephone Email address*

\_\_\_\_\_  
*Lawyer Registration Number Fax number*