

**SAMPLE FORM G**

**COVER FOR RULE 8.124 APPENDIX**

**COVER FOR RULE 8.124 APPENDIX  
(APPELLANT'S OR RESPONDENT'S)**

No. [Appellate number starting with "D"]

**IN THE COURT OF APPEAL OF THE STATE OF CALIFORNIA  
FOURTH APPELLATE DISTRICT, DIVISION ONE**

[Name of Plaintiff from Superior Court case title  
and that party's appellate designation],

Plaintiff and [Appellant or Respondent],

v.

[Name of Defendant from Superior Court case  
title and that party's appellate designation],

Defendant and [Appellant or Respondent].

Court of Appeal

No. [Appellate number starting with  
"D"]

(Superior Court No. [Number from  
Superior Court case] )

Appeal From a Judgment of  
The Superior Court of California, County of [San Diego or Imperial]  
The Honorable [Name of Superior Court Judge], Judge

---

APPELLANT'S (or RESPONDENT'S) APPENDIX  
IN LIEU OF CLERK'S TRANSCRIPT

---

[Names and addresses  
of counsel for other parties  
and of self-represented parties]

Your Name  
Your Address  
Your Phone Number During the Day  
Self-represented