

FORM 8D

(1/09)

CRIMINAL NOTICE OF APPEAL – 9TH & 10TH JUDICIAL DISTRICTS

STATE OF NEW YORK

- CITY COURT
- DISTRICT COURT
- JUSTICE COURT
- TOWN COURT
- VILLAGE COURT

_____ X

INDEX NO.

PEOPLE OF THE STATE OF NEW YORK,

-against-

NOTICE
OF
APPEAL

Defendant.

_____ X

PLEASE TAKE NOTICE that the above named DEFENDANT hereby appeals to the Appellate Term of the Supreme Court for the Ninth and Tenth Judicial Districts from a judgment of conviction of the:

- City Court, of _____, County of _____,
- District Court, of _____, County of _____,
- Justice Court, of _____, County of _____,
- Town Court, of _____, County of _____,
- Village Court, of _____, County of _____,

rendered by the Hon. _____ on the ____ day of _____, 2____,
convicting him/her of _____
_____, and sentencing him/her to _____
_____ on _____ (date).

Or from an order dated: _____.

This appeal is taken from each and every part thereof.

DATED: _____, 20____.

_____, New York Yours,

(if pro se put your own name below)

Name:
Address:
Telephone no.

Attorney for Appellant *(if represented by an attorney)*

Name:
Address:
Telephone no.

TO: District Attorney/Prosecutor AND
Trial Court