NOTICE OF RIGHT TO APPEAL
22 NYCRR 1015.7(a)

TO: _____ _____
(Name of client) (Name of attorney)

Address: _____ _____

_____ _____

Indictment/SCI No.:_____ Date of Sentence :_____

You have a right to appeal from your conviction.

If you want to appeal, a Notice of Appeal must be filed with the County Clerk and served upon the District Attorney within thirty (30) days of the date of sentence.

If you want to appeal, check the first box in the form below, sign the form and return it to me, and I will file and serve the Notice of Appeal for you.

Please check in one of the boxes below, sign and give this form to me or mail it to me at the address above. Unless you let me know that you want to appeal, I do not have to file and serve the Notice of Appeal. Remember that the Notice of Appeal must be served and filed within 30 days from the date of sentence.

☐ I want to appeal.

☐ I do not want to appeal.

If you cannot afford to pay for an attorney and believe that you are eligible for assigned counsel, check the first box below, and I will file and serve a motion with the Appellate Division seeking permission for you to proceed as a poor person, to have an attorney assigned to represent you on your appeal, and to have a transcript provided to the assigned attorney free of charge. If you can afford to pay for an attorney, check the second box and return this form to me

☐ I want to have an attorney assigned to represent me on my appeal.

☐ I do not want an attorney assigned to represent me on my appeal; I will retain my own attorney to represent me on my appeal.

Signature: _____ Date: _____

I gave this notice to defendant at the time of sentencing.

Dated: _____ _____, Esq.
Defense Counsel