

**NOTICE OF RIGHT TO APPEAL**

**Family Court Act §1121**

TO: \_\_\_\_\_  
(Name of client) (Name of attorney)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ THE NOTICE BELOW, CHECK THE APPROPRIATE BOX, AND RETURN THIS FORM TO ME AT THE ADDRESS INDICATED ABOVE.**

1. You have the right to appeal.

2. If you want to appeal, please check the first box listed below and I will file and serve a notice of appeal on your behalf. If you do not want to appeal, please check the second box.

- I want to appeal.
- I do not want to appeal.

3. Please check one of the boxes below. If you cannot afford an attorney and believe that you are eligible for assigned counsel check the first box indicated below, complete the attached form entitled "Affidavit in Support of Motion to Appeal as a Poor Person", and I will file and serve a motion on your behalf to the Appellate Division to have an attorney assigned to represent you on your appeal and to have a transcript furnished to the 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.

4. Please sign this form on the line indicated below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

5. Return the form to me at the address indicated above.