



# Notice of Appeal – Parole Violation

UCS-431PV (12/2023)

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[nycourthelp.gov](http://nycourthelp.gov)

Enter the name of the court that will hear your appeal and the county in which the court is located.

**Court Name:** \_\_\_\_\_

**County of:** \_\_\_\_\_

\_\_\_\_\_

*Appellant*

**Court Docket/Case Number:**

**Parole Case/Warrant Number:**

-against-

**Department of Corrections and Community Supervision  
(DOCCS) Board of Parole**

*Respondent*

NYSID: \_\_\_\_\_

DIN: \_\_\_\_\_

### Instructions:

1. Complete your Notice of Appeal form (UCS-431PV). You must enter the name of the court that will hear your appeal and the county in which the court is located above.

**NOTE:** The appeal will be heard in the lowest level criminal court of record (i.e., city, district, county, or supreme court) in the county where your revocation hearing was held or where the conduct that constituted the violation allegedly occurred. But, if the conduct that constituted the violation was prosecuted in a city, district, county, or supreme court, the appeal must be heard in the court where the case was prosecuted.

2. Serve a copy of your completed Notice of Appeal form on the district attorney’s office in the county where the appeal will be heard. Enter the county name in the “CC” below.
3. File your completed Notice of Appeal form with the DOCCS Board of Parole in duplicate (the original and one copy) and attach proof that you served the district attorney's office.

**NOTE:** You must file your Notice of Appeal and proof of service with the DOCCS Board of Parole within 30 days after the Board issued its final parole revocation determination. Send your Notice of Appeal to:

New York State Department of Corrections and Community Supervision  
Board of Parole Counsel's Office  
Harriman State Campus, 1220 Washington Avenue, Albany, NY 12226

DO NOT file your Notice of Appeal with the court. DOCCS will file the copy you give them with the court.

**Please take notice** that, instead of an administrative appeal with DOCCS, I am appealing to the court regarding the DOCCS Board of Parole’s final revocation determination issued on \_\_\_\_\_ sustaining a violation of the conditions of my release [Executive Law 259-i(4a)(a)].

I am eligible to have the court hear my appeal because the conduct that constituted the violation would be a misdemeanor or felony offense if such charge were or had been brought in a criminal court.

Dated: \_\_\_\_\_

**Appellant Signature**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

cc: \_\_\_\_\_ County District Attorney

**Request for Court-Assigned Attorney****Instructions:**

1. Check the box to indicate if you are requesting a court-assigned attorney for your appeal.
2. If the court assigned a lawyer to represent you for your parole revocation hearing and the lawyer is willing and able to represent you for your appeal, the lawyer must complete the Affirmation of Eligibility for Court-Assigned Attorney section.
3. If the court assigned a lawyer to represent you for your parole revocation hearing and the lawyer is unwilling or unable to represent you for your appeal, or if you did not have a lawyer to represent you for your parole revocation hearing, or if you are not requesting a court-assigned attorney, leave the Affirmation of Eligibility for Court-Assigned Attorney section blank.

I am requesting a court-assigned attorney because I cannot afford an attorney to represent me.

I am not requesting a court-assigned attorney.

Dated: \_\_\_\_\_

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**Appellant Signature**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Affirmation of Eligibility for Court-Assigned Attorney**

I, \_\_\_\_\_, am an attorney duly admitted to practice in New York State. I request that the court assign me to represent the appellant per Executive Law 259-i(4-a)(b). I affirm that the following statements are true, or that, upon information and belief, I believe they are true:

- Appellant wishes to appeal.
- The above Notice of Appeal was filed with DOCCS within 30 days after the DOCCS Board of Parole issued its final parole revocation determination.
- Appellant is indigent and is eligible for a court-assigned attorney.

Dated: \_\_\_\_\_

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**Attorney Signature**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_