

NOTICE OF WITHDRAWAL OF APPEAL(S)

Date: _____

Caption: _____

Appellate Division Docket Number(s): _____

The attorney for the appellant(s) [INSERT NAME(S) OF APPELLANT] on the above-captioned appeal(s) does hereby withdraw said appeal(s) without costs or disbursements.

Firm Name of Attorney for Appellant(s)

Signature of Attorney

Print Name of Attorney