

STATE OF NEW YORK
_____ COURT OF

INDEX NO.

Plaintiff

-against-

NOTICE OF APPEAL

Defendant

PLEASE TAKE NOTICE THAT THE ABOVE NAMED

HEREBY APPEALS TO THE

(Appellate Court)

FROM THE () ORDER () JUDGMENT OF THE _____ COURT OF

_____ Entered in the office of the

Clerk of said court on the _____ day of _____, 20__.

THIS APPEAL IS TAKEN FROM:

() EACH AND EVERY PART THEREOF

() SPECIFY WHAT PARTS OF THE ORDER OR JUDGMENT YOU WISH TO APPEAL

DATED:

Signature

() Plaintiff

() Defendant

Name:

Address:

Telephone:

() Attorney for
Appellant

Name:

Address:

Telephone: