

NEW YORK CITY CRIMINAL COURT
COUNTY OF _____

_____X

INDEX NO.

PEOPLE OF THE STATE OF NEW YORK,

-against-

NOTICE
OF
APPEAL

Defendant.

_____X

PLEASE TAKE NOTICE that the above named DEFENDANT hereby appeals to the Appellate Term of the Supreme Court for the Second, Eleventh and Thirteenth Judicial Districts from a judgment of conviction of the Criminal Court of the City of New York, County of _____, rendered by the Hon. _____ on the ___ day of _____, 2____, convicting him/her of _____ and sentencing him/her to _____.

This appeal is taken from each and every part thereof.

DATED: _____

Yours,

(if pro se put your own name below)

Name:

Address:

Telephone no.

Attorney for Appellant *(if represented by an attorney)*

Name:

Address:

Telephone No..

TO: District Attorney County of _____
AND Clerk of the New York City Criminal Court, County of _____
