

NEW YORK CITY CIVIL COURT
COUNTY OF _____

_____ X

INDEX NO. _____

- Plaintiff,
- Petitioner,

-against-

NOTICE
OF
APPEAL

- Defendant,
- Respondent.

_____ X

PLEASE TAKE NOTICE that the above named

- Plaintiff,
- Petitioner,
- Defendant,
- Respondent

hereby appeals to the Appellate Term of the Supreme Court for the Second, Eleventh and Thirteenth Judicial Districts from the order judgment of the New York City Civil Court, County of Kings Richmond Queens, entered in the office of the Clerk of said court on the ____ day of _____, 20__ and this appeal is taken from:

- each and every part thereof.
- if only a part thereof, specify what parts of the order or judgment you wish to appeal.

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: Opponent or Attorney (if opponent is represented by counsel)
AND Clerk of the Court

IMPORTANT: YOU MUST PERFECT YOUR APPEAL WITHIN 6 MONTHS OF FILING YOUR NOTICE OF APPEAL. VISIT THE APPELLATE TERM WEBSITE AT <https://www.nycourts.gov/courts/ad2/appellateterm.shtml> FOR THE FORMS AND RULES.

AFFIRMATION OF SERVICE FOR NOTICE OF APPEAL

INSTRUCTIONS FOR SERVICE OF NOTICE OF APPEAL

A PARTY TO THE ACTION CANNOT SERVE THE NOTICE OF APPEAL. IT MUST BE SERVED BY SOME OTHER PERSON 18 YEARS OF AGE OR OLDER (CPLR 2103[a]).

If your opponent is represented by an attorney, you are required to have the Notice of Appeal served upon your opponent’s attorney.

If your opponent is not represented by an attorney, you are required to have the Notice of Appeal served upon your opponent.

After service has been made by regular mail, the Affirmation of Service (below) must be completed by the server.

AFFIRMATION OF SERVICE BY MAIL UPON PARTY OR PARTY’S ATTORNEY

STATE OF NEW YORK) s.s:
COUNTY OF _____)

The undersigned affirms, that:
are NOT a party to the action, are over 18 years of age and resides at:
(server’s address)

CHECK: (A) for service on Opponent’s Attorney OR
(B) for service on Opponent

[JA. That on (date) _____, 20____, affirmant served the within Notice of Appeal upon:
Attorney (name of attorney for your opponent):

in this action, at: (attorney’s address):

the address designated by said attorney(s) for that purpose,

[JB. That on (date) _____, 20____, affirmant served the within Notice of Appeal upon:
your opponent (your opponent’s name):

in this action, at: (opponent’s address):

the address designated by your opponent for that purpose,

by depositing a true copy of same, enclosed in a postpaid, properly addressed wrapper, in a post office/official depository under the exclusive care and custody of the United States Postal Service within the State of New York.

I affirm this ____ day of _____, 20____, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the foregoing is true, and I understand that this document may be filed in an action or proceeding in a court of law.

(signature)

(name must be printed beneath signature)

Supreme Court of the State of New York

Appellate Term: Second Department

Request for Appellate Term Action [RATA] (Pursuant to 22 NYCRR 731.2 [a]) - Civil

Case Title: Set forth the title of the case as it appears on the summons, notice of petition or order to show cause by which the matter was or is to be commenced, or as amended.

For Court of Original Instance

Date Notice of Appeal Filed

-against-

For Appellate Term

Case Type

Small Claims Landlord & Tenant Civil No Fault

Appeal

Paper Appealed from: Judgment Order Decision
(Check all that apply)

Court :	County:
Dated:	Entered:
Judge (name in full):	Index No.:
	Trial: (Circle One) Yes No

Prior Appeals and Related Case Information

Are any appeals arising from the same action or proceeding currently pending in this court? (Circle One) Yes No
If yes, please specify the Appellate Term Docket Number assigned to each appeal.

Where appropriate, indicate whether there is related action or proceeding pending in any court of this or any other jurisdiction, and if so, the status of the case:

Original Proceeding

Commenced by:
(Check One)

Order to Show Cause Notice of Petition and Petition Summons and Complaint Small Claims Complaint Form Other: _____
Date filed: _____

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Description of Appeal

Description: Briefly describe the paper appealed from. If the appeal is from an order, specify the relief requested and whether the motion was granted or denied.

Issues: Specify the issues proposed to be raised on the appeal, the grounds for reversal, or modification to be advanced and the specific relief sought on appeal.

Party Information

Instructions: Fill in the name of each party to the action or proceeding (one name per line). Indicate the status of the party in the court of original instance and the status of the party in this court, if applicable. For parties with an attorney, check the "Represented" box; for parties without an attorney, check the "Pro Se" box. You must provide the address and phone number for all parties. Attach additional parties and their information on a separate sheet of paper.

No.	Party Name	Original Status	Appellate Term Status
1			Appellant

Represented Pro Se

Attorney/Firm Name: (if applicable)

Address:

City: State: Zip Code: Telephone:

E-Mail Address: ***

No.	Party Name	Original Status	Appellate Term Status
2			Respondent

Represented Pro Se

Attorney/Firm Name: (if applicable)

Address:

City: State: Zip Code: Telephone:

No.	Party Name	Original Status	Appellate Term Status
3			

Represented Pro Se

Attorney/Firm Name: (if applicable)

Address:

City: State: Zip Code: Telephone:

*** By providing your email address, you are authorizing the court to send all future notices and decisions via email.