

[Fill in the spaces next to the instructions. Other spaces are for Court use.]
SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----X

_____,
[2. Fill in name(s)] Plaintiff(s)/Petitioner(s)

-against-

[1. Index No. & Year]

Index No.

/_____
NOTICE OF APPEAL

_____,
[3. Fill in name(s)] Defendant(s)/Respondent(s)

-----X

To the Person (s) Named as Defendant(s) above:

PLEASE TAKE NOTICE THAT **[4. Insert Your Name]** _____
hereby appeals to the Appellate Division of the Supreme Court of the State of New York,
from a **[5. Insert Judgment/ Order/ Decree]** _____
of the **[6. Insert Name of Court]** _____, Court, Nassau
County, dated **[7. Insert date of Judgment/ Order/ Decree]** _____.

[8. Date and County papers are signed in]

Dated: _____

County: _____

[9. Your Signature]

[10. Your Name]

[11. Your Address]

[12. City, State & Zip Code]

[13. Your Phone Number]

To: [Insert Below the Names, Addresses and Phone Numbers of All Opponents and their attorneys, if any. Use Additional Sheets of paper, if needed. An original of this notice of appeal must be filed with the Nassau County Clerk and copies must be mailed to all opponents by first class mail.]
