

STATE OF NEW YORK

- CITY COURT
- COUNTY COURT
- DISTRICT COURT

- JUSTICE COURT
- TOWN COURT
- VILLAGE COURT

INDEX NO.

\_\_\_\_\_ X

Plaintiff,  
 Petitioner,

-against-

Defendant,  
 Respondent.

\_\_\_\_\_ X

NOTICE  
OF  
APPEAL

PLEASE TAKE NOTICE that the above named

- Plaintiff,
- Petitioner,
- Defendant,
- Respondent

hereby appeals to the Appellate Term of the Supreme Court for the Ninth and Tenth Judicial Districts from the  order  judgment of the:

- City Court, of \_\_\_\_\_, County of \_\_\_\_\_,
- County Court, of \_\_\_\_\_, County of \_\_\_\_\_,
- District Court, of \_\_\_\_\_, County of \_\_\_\_\_,
- Justice Court, of \_\_\_\_\_, County of \_\_\_\_\_,
- Town Court, of \_\_\_\_\_, County of \_\_\_\_\_,
- Village Court, of \_\_\_\_\_, County of \_\_\_\_\_,

entered in the office of the Clerk of said court on the \_\_\_ day of \_\_\_\_\_, 2\_\_\_ 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 an attorney)  
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.shtm> 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

[ ]A. 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,

[ ]B. 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

<b>Case Title:</b> 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.  <hr/> <p style="text-align: center;">-against-</p>	<b>For Court of Original Instance</b>  <p style="text-align: center;">Date Notice of Appeal Filed</p>
<b>For Appellate Term</b>	

<b>Case Type</b>			
<input type="checkbox"/> Small Claims	<input type="checkbox"/> Landlord & Tenant	<input type="checkbox"/> Civil	<input type="checkbox"/> No Fault

<b>Appeal</b>	
<b>Paper Appealed from:</b> (Check all that apply)	<input type="checkbox"/> Judgment <input type="checkbox"/> Order <input type="checkbox"/> Decision
Court :	County:
Dated:	Entered:
Judge (name in full):	Index No.:
	Trial: (Circle One)      Yes      No
<b>Prior Appeals and Related Case Information</b>	
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:	

<b>Original Proceeding</b>	
<b>Commenced by:</b> (Check One)	
<input type="checkbox"/> Order to Show Cause Date filed: _____	<input type="checkbox"/> Notice of Petition and Petition
<input type="checkbox"/> Summons and Complaint	<input type="checkbox"/> Small Claims Complaint Form
<input type="checkbox"/> Other: _____	

**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.**

