

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 _____, 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 counsel)
AND Clerk of the Court