

NOTE: DO NOT FILE THE NOTICE OF APPEAL OR RATA FORM WITH THE APPELLATE TERM

INSTRUCTIONS FOR FILING A CIVIL NOTICE OF APPEAL FORM

You may file a notice of appeal from an appealable order or judgment with the court where your action commenced. Stipulations of Settlement and Arbitrator Decisions are NOT appealable.

1- Fill out all the information on the front of the notice of appeal:

- a) write the county in which your case is currently in;
- b) write the caption as it is in the Lower Court;
- c) write the Lower Court Index Number;
- d) mark whether you are the Plaintiff, Petitioner, Defendant or Respondent;
- e) mark if you are appealing from an order or judgment;
- f) mark the county where your case is originally from;
- g) write the date of the order or judgment you are appealing from (not the date you are filing out the notice of appeal);
- h) mark if you are appealing each and every part or only part of the order or judgment. If you are appealing part of the decision or order specify which part;
- i) write the date of filing of the notice of appeal;
- j) in the space indicating "YOURS" write your name and address. If you are represented by an attorney write his/her information;
- k) in the space indicating "TO" write your opponent's name and address. If they are represented by counsel you will write the attorney's information.

2- Once the Notice of Appeal has been filled out completely, make three (3) copies. Serve one copy upon your adversary or their attorney (if your adversary is represented by one) by a **third party who is not a party of the action and is 18 years of age or older (this cannot be served by you)**. After serving a copy of the Notice of Appeal by mail, they are required to fill out the Affirmation of Service. When filling it out the Affirmation of Service they must:

- a) write the county within which the affirmation was signed;
- b) write their name and address (**NOT** your information);
- c) check (A) for service on Opponent's Attorney or (B) for service on Opponent.

Whether they are checking (A) or (B) they must write the date when the Notice of Appeal was served and the address it was mailed to;

- d) the Affirmation of Service must be signed by the person doing the service and filling this page out (You **DO NOT** sign).

The original and one copy are to be filed with the lower court and the remaining copy should be kept for your records.

NOTE: If the Affirmation of Service is not completely filled out, the court may not accept it for filing.

3- After the Notice of Appeal and Affirmation of Service have been filled out, you are required to take it to the court where the case is originally from and pay the filing fee. Please contact that court for the proper form of payment.

NOTE: Please be advised that filing the Notice of Appeal does not stay any proceedings. A separate motion must be made for a stay.

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.

NEW YORK CITY CIVIL COURT
COUNTY OF (A)

_____X INDEX NO. (C)

(B)

Plaintiff,
 Petitioner,

-against-

NOTICE
OF
APPEAL

Defendant,
 Respondent.

_____X

PLEASE TAKE NOTICE that the above named (D) Plaintiff,
 Petitioner,
 Defendant,
 Respondent

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

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

DATED: (I)

Yours, (J)

(if pro se put your own name below)

Name:

Address:

Telephone no.

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

Name:

Address:

Telephone no.

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

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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 (A)) (County where affirmation is signed)

The undersigned affirms, that: **(B)**
are NOT a party to the action, are over 18 years of age and resides at: **(B)**
(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: **(C)**
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 **(D)** 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.

(D) _____
(signature)

(name must be printed beneath signature)

**INSTRUCTIONS FOR FILLING OUT THE
APPELLATE TERM, SECOND DEPARTMENT
REQUEST FOR APPELLATE TERM ACTION [RATA]**

- (A) Caption: Write the names of the parties involved in the case. The caption must be written in the same order that it is in the court where your case is originally from.
- (B) Leave blank. This box will be filled out by the court where your case is originally from.
- (C) This box will be filled out by the Appellate Term Clerk's Office when the RATA form and other required documents are received.
- (D) Indicate the case type. Check the appropriate box.
- (E) Indicate what is being appealed. *Please Note*: Inquests, default judgments and arbitrator's decisions are not appealable as of right.
- (F) Indicate the court where your case is originally from. (Civil, District, Justice, City, etc.)
- (G) Indicate the county where your case is from.
- (H) Write the date of the decision or order was rendered.
- (I) Write the date the decision, order or judgment was entered (usually by the clerk). This might not be the same date as (H).
- (J) Write the name of the lower court Judge who rendered the decision, order, or judgment you are appealing.
- (K) The lower court index number is the case number given to you by the court where your case is originally from.
- (L) Indicate whether or not there was a trial.
- (M) State whether or not you already have an appeal pending with the Appellate Term related to this case. (This should include cases with the same index number or cases consolidated in the lower court.)
- (N) If you already have an appeal pending with the Appellate Term and were given a docket number, write that number in the space provided. (This should include appeals from the same index number or cases consolidated in the lower court.)
- (O) List any related actions or proceedings pending in any court of this or any other jurisdiction, and if so, the status of the cases.
- (P) Check the appropriate box to indicate how your case was commenced in the lower court.
- (Q) Write the date when your case was commenced (the date the document was filed in the lower court).

- (R) 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.
- (S) 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.
- (T) In box number 1 write your name. You are the appellant.
- (U) Write your original status in the lower court (for example: plaintiff, petitioner, claimant, etc.)
- (V) If you are represented by an attorney for this appeal, please mark this box.
- (W) If you are **NOT** represented by an attorney for this appeal, please mark this box.
- (X) If you are represented by an attorney, write the attorney's name in this box.
- (Y) If you are represented by an attorney, write the attorney's address and telephone number. If you are **NOT** represented by an attorney, write your address and phone number. In order to receive all correspondence, please make sure to include your full address.
- (Z) By providing your email address, you are authorizing the court to send all future notices and decisions via email.
- (AA) In box number 2 write your adversary's (the other party's) name. This party is the respondent.
- (BB) Write your adversary's original status in the lower court (for example: defendant, respondent, etc.)
- (CC) If your adversary is represented by an attorney for this appeal, please mark this box.
- (DD) If your adversary is **NOT** represented by an attorney for this appeal, please mark this box.
- (EE) If your adversary is represented by an attorney, write the attorney's name in this box.
- (FF) If your adversary is represented by an attorney, write the attorney's address and telephone number. If your adversary is **NOT** represented by an attorney, write your adversary's address and phone number. Please make sure to write the full address.

For additional parties, complete box number 3 (GG-LL) and attach a separate sheet of paper, if necessary.

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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. _____ (A) -against- SAMPLE	For Court of Original Instance (B) Date Notice of Appeal Filed
For Appellate Term (C)	

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

Appeal			
Paper Appealed from: (Check all that apply) (E)	<input type="checkbox"/> Judgment	<input type="checkbox"/> Order	<input type="checkbox"/> Decision
Court : (F)	County: (G)		
Dated: (H)	Entered: (I)		
Judge (name in full): (J)	Index No.: (K)		
	Trial: Yes No (L)		
Prior Unperfected Appeal and Related Case Information			
Are any appeals arising from the same action or proceeding currently pending in this court? (Circle One) Yes No (M)			
If yes, please specify the Appellate Term Docket Number assigned to each appeal. (N)			
Where appropriate, indicate whether there is any related action or proceeding pending in any court of this or any other jurisdiction, and if so, the status of the case: (O)			
SAMPLE			

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

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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.

(R)

SAMPLE

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.

(S)

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. Place additional names as a separate sheet of papers.

No.	Party Name	Original Status	Appellate Term Status
1	(T)	(U)	Appellant

Represented (V) Pro Se (W)

Attorney/Firm Name: (if applicable) (X)

Address: (Y)

City: **State:** **Zip Code:** **Telephone:**

E-Mail Address: *** (Z)

No.	Party Name	Original Status	Appellate Term Status
2	(AA)	(BB)	Respondent

Represented (CC) Pro Se (DD)

Attorney/Firm Name: (if applicable) (EE)

SAMPLE

Address: (FF)

City: **State:** **Zip Code:** **Telephone:**

No.	Party Name	Original Status	Appellate Term Status
3	(GG)	(HH)	

Represented (II) Pro Se (JJ)

Attorney/Firm Name: (if applicable) (KK)

Address: (LL)

City: **State:** **Zip Code:** **Telephone:**

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