

STATE OF NEW YORK  
SUPREME COURT COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
THE PEOPLE OF THE STATE OF NEW YORK,  
Petitioner-Respondent,

V

\_\_\_\_\_  
Respondent-Appellant.  
\_\_\_\_\_

**NOTICE OF APPEAL  
FROM SORA ORDER**

# \_\_\_\_\_  
(Insert Index Number)

PLEASE TAKE NOTICE, that \_\_\_\_\_ hereby appeals  
to the Supreme Court, Appellate Division, Fourth Department, from an Order of the  
(circle one) County/Supreme Court (Hon. \_\_\_\_\_, J.), entered in the  
\_\_\_\_\_ County Clerk's Office on \_\_\_\_\_, 20\_\_\_\_,  
pursuant to the Sex Offender Registration Act, and from each and every part thereof.

DATED: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Name and address of appellant or attorney)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TO: \_\_\_\_\_ County Clerk (not Court Clerk)

\_\_\_\_\_  
\_\_\_\_\_

TO: \_\_\_\_\_ (Name and address of respondent  
or attorney for respondent)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF NEW YORK  
SUPREME COURT COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
THE PEOPLE OF THE STATE OF NEW YORK )  
Petitioner-Respondent, )  
 )  
V )  
 )  
\_\_\_\_\_. )  
Respondent-Appellant. )  
\_\_\_\_\_ )

**AFFIDAVIT OF  
SERVICE BY MAIL  
OF NOTICE OF APPEAL  
FROM SORA ORDER**

# \_\_\_\_\_  
(Insert Index Number)

STATE OF NEW YORK )  
COUNTY OF \_\_\_\_\_ ) ss.:

\_\_\_\_\_, being duly sworn, deposes and says that (s)he  
is not a party to this action, is over 18 years of age, and resides at \_\_\_\_\_

That on the \_\_\_ day of \_\_\_\_\_, 20\_\_\_, your deponent served the  
within Notice of Appeal by depositing a true copy thereof enclosed in a post-paid  
wrapper in an official depository under the exclusive care and custody of the U.S.  
Postal Service within the United States, addressed to each of the following parties and/or  
their attorneys at the last known address set forth after each name:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(PRINT NAME BELOW SIGNATURE)

Sworn to before me this  
\_\_\_ day of \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC/COMMISSIONER OF DEEDS  
My commission expires: \_\_\_\_\_