

**NOTICE OF RIGHT TO APPEAL**

**22 NYCRR 1022.11(a)**

You have a right to appeal from your conviction.

If you want to appeal, a Notice of Appeal must be filed with the County Clerk and served upon the District Attorney within thirty (30) days of the date of sentence.

If you want to appeal, check the first box in the form below, sign the form and return it to me, and I will file and serve the Notice of Appeal for you.

If you cannot afford to pay for an attorney, you may apply to the Appellate Division, Fourth Department, 50 East Avenue, Suite 200, Rochester, New York 14604, to have an attorney assigned to carry forward your appeal and to have a transcript furnished to your attorney free of charge.

Attorney: \_\_\_\_\_

Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

To: \_\_\_\_\_

Indictment No. \_\_\_\_\_

Date of Sentence \_\_\_\_\_

Please check one of the boxes below, sign and give this form to me or mail it to me at the above address. Unless you let me know that you want to appeal, I do not have to file and serve the Notice of Appeal. Remember that the Notice of Appeal must be served and filed within 30 days from the date of sentence.

I **want** to appeal.

I **do not** want to appeal.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I gave this notice to defendant at the time of sentencing.

Dated: \_\_\_\_\_

\_\_\_\_\_, Esq.

Defense Counsel