SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS

_____X

NOTICE OF APPEAL

INDEX NO.

_____

[INSERT NAMES] Plaintiff(s)/Petitioner(s)

_____

Hon. _____
[NAME OF ASSIGNED JUSTICE]

- against -

_____

[INSERT NAMES] Defendant(s)/Respondent(s)

_____X

PLEASE TAKE NOTICE that **[INSERT YOUR NAME]** _____ _____ hereby appeals to the Appellate Division of the Supreme Court of the State of New York, Second Judicial Department, from a **[INSERT JUDGMENT, ORDER, DECREE, ETC.]** _____ _____ of the _____ Court, _____ County, dated _____.

Dated: _____, New York

_____ ___, 200___.

Yours, etc.,

_____
SIGNATURE

_____
[PRINT NAME]

_____
[ADDRESS]

_____
[TELEPHONE NUMBER]

TO: [INSERT BELOW THE NAME AND ADDRESS OF THE CLERK OF THE TRIAL COURT, THE NAMES, ADDRESSES AND PHONE NUMBERS OF ALL OPPONENTS AND THEIR ATTORNEYS, IF ANY. USE ADDITIONAL SHEETS OF PAPER, IF NEEDED.)

Hon. Gloria D'Amico
88-11 Supthin Blvd.
Jamaica, New York 11435