

STATE OF NEW YORK
_____ COURT COUNTY OF _____

October 2007

THE PEOPLE OF THE STATE OF NEW YORK,)
Respondent,)
)
V)
)
_____, Defendant-Appellant.)
_____)

NOTICE OF APPEAL

(Insert SCI/Waiver/or
Indictment Number)

SIRS:

PLEASE TAKE NOTICE, that the defendant, _____,
hereby appeals to the Supreme Court of the State of New York, Appellate Division,
Fourth Judicial Department, from a judgment of conviction of the _____
Court of _____ County (Hon. _____), rendered
on the ____ day of _____, 20____, convicting said defendant of the crime(s)
of _____
_____, and from
each and every part thereof and from each and every intermediate order made therein.

DATED: _____, 20____

(Name and address of defendant or attorney)

TO: _____ County Clerk (not Court Clerk)

_____ County District Attorney

SUPREME COURT OF THE STATE OF NEW YORK
APPELLATE DIVISION, FOURTH DEPARTMENT

THE PEOPLE OF THE STATE OF NEW YORK,)
Respondent,)
)
V)
_____, Defendant-Appellant.)
_____)

**AFFIDAVIT OF SERVICE
OF NOTICE OF APPEAL**

(Insert SCI/Waiver/or
Indictment 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: _____