

Commonwealth of Pennsylvania
Court of Common Pleas
County of: _____
_____ Judicial District



**Notice of Appeal from Summary
Criminal Conviction**

Appellant Name: _____
Address: _____
City: _____
State: _____ Zip: _____

Date: _____
Issuing Authority Docket Number:

Citation No: _____
Magisterial District No: _____

A sentence of _____ was imposed on: _____.

Offense(s) of which convicted: _____

Grounds relied upon for appeal (except when the appeal is from a guilty plea or a conviction):

Date of entry of guilty plea, the conviction, or other final order from which appeal is taken: _____

Name and mailing address of affiant as show on citation or complaint:
Affiant Name: _____
Address: _____
City: _____
State: _____ Zip: _____

If sentence includes fines, costs or restitution, amount paid, if any:

Type or amount of bail or collateral furnished to issuing authority, if any:

Name and mailing address of issuing authority:
Issuing Authority: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone Number: _____

Name and address of attorney filing notice of appeal:
Attorney Signature: _____
Attorney Name (printed): _____
Address: _____
City: _____,
State: _____ Zip: _____
Supreme Court ID Number: _____
Phone No: _____
Fax No: _____

NOTICE TO DEFENDANT:

If your appeal is from a motor vehicle conviction other than parking, have the clerk of courts certify this copy and mail to the following address:

**DYbb8 CH
7 cffYgdcbybW'I b]h
PO Box 68618
Harrisburg, PA 17106**

I hereby certify that an appeal has been filed in the above-captioned case.

Clerk of Courts