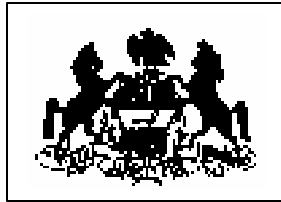


Commonwealth of Pennsylvania
Court of Common Pleas
County of: _____
_____ Judicial District



**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:

**PA Dept. of Transportation
Bureau of Licensing
PO Box 60037
Harrisburg, PA 17106**

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

Clerk of Courts