

**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 No:		

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

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:

**PennDOT
Correspondence Unit
PO Box 68618
Harrisburg, PA 17106**

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

Clerk of Courts