

_____ Court of the State of New York
County of _____

NOTICE OF APPEAL

against

,
_____,
,
_____.

**County Clerk's
Index No.**
____/____

PLEASE TAKE NOTICE that (*insert name of appealing party*) _____
hereby appeals to the Appellate Division of the Supreme Court of the State of New York,
First Judicial Department, from (*insert judgment, order, decree, etc.*) _____
of the _____ Court, _____ County, dated _____.

Dated: _____, New York
_____, 20__

Yours, etc.,

Signature

P r i n t N a m e

S t r e e t

City, State Zip Code

Phone Number

To: (*Insert below the name and address of the clerk of the trial
court and the names and addresses of all opponents*)

