

_____ Court of the State of New York
County of _____

NOTICE OF APPEAL

Index No.: _____

v.

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

Dated: _____, New York
_____, 20____

Yours, etc.,

Signature
(Print Name)
(Address)
(Telephone Number)

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