



**New Jersey Judiciary  
Superior Court - Appellate Division  
NOTICE OF APPEAL**

Type or clearly print all information. Attach additional sheets if necessary.	<b>ATTORNEY / LAW FIRM / PRO SE LITIGANT</b>			
TITLE IN FULL (AS CAPTIONED BELOW):	NAME			
	STREET ADDRESS			
	CITY	STATE	ZIP	PHONE NUMBER
	EMAIL ADDRESS			

ON APPEAL FROM		
TRIAL COURT JUDGE	TRIAL COURT OR STATE AGENCY	TRIAL COURT OR AGENCY NUMBER

Notice is hereby given that \_\_\_\_\_ appeals to the Appellate Division from a  Judgment or  Order entered on \_\_\_\_\_ in the  Civil  Criminal or  Family Part of the Superior Court or from a  State Agency decision entered on \_\_\_\_\_.

If not appealing the entire judgment, order or agency decision, specify what parts or paragraphs are being appealed.

Have all issues, as to all parties in this action, before the trial court or agency been disposed of? (In consolidated actions, all issues as to all parties in all actions must have been disposed of.)  Yes  No

If not, has the order been properly certified as final pursuant to R. 4:42-2?  Yes  No

For criminal, quasi-criminal and juvenile actions only:

Give a concise statement of the offense and the judgment including date entered and any sentence or disposition imposed:

This appeal is from a  conviction  post judgment motion  post-conviction relief.

If post-conviction relief, is it the  1st  2nd  other \_\_\_\_\_  
specify

Is defendant incarcerated?  Yes  No

Was bail granted or the sentence or disposition stayed?  Yes  No

If in custody, name the place of confinement:

Defendant was represented below by:

Public Defender  self  private counsel \_\_\_\_\_  
specify

Notice of appeal and attached case information statement have been served where applicable on the following:

	<b>Name</b>	<b>Date of Service</b>
Trial Court Judge		
Trial Court Division Manager		
Tax Court Administrator		
State Agency		
Attorney General or Attorney for other Governmental body pursuant to <u>R. 2:5-1(a), (e) or (h)</u>		
Other parties in this action:		
<b>Name and Designation</b>	<b>Attorney Name, Address and Telephone No.</b>	<b>Date of Service</b>

Attached transcript request form has been served where applicable on the following:

	<b>Name</b>	<b>Date of Service</b>	<b>Amount of Deposit</b>
Trial Court Transcript Office			
Court Reporter (if applicable)			
Supervisor of Court Reporters			
Clerk of the Tax Court			
State Agency			

Exempt from submitting the transcript request form due to the following:

- No verbatim record.
- Transcript in possession of attorney or pro se litigant (four copies of the transcript must be submitted along with an electronic copy).  
List the date(s) of the trial or hearing:
  
- Motion for abbreviation of transcript filed with the court or agency below. Attach copy.
- Motion for free transcript filed with the court below. Attach copy.

I certify that the foregoing statements are true to the best of my knowledge, information and belief. I also certify that, unless exempt, the filing fee required by N.J.S.A. 22A:2 has been paid.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF ATTORNEY OR PRO SE LITIGANT