

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



Notice of Appeal from Summary Criminal Conviction

Name and Address of Appellant:

_____ Zip: _____

Date: _____
Issuing Authority Docket No: _____
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 shown on citation or complaint:

_____ 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:

Zip: _____ Phone No: _____

Name and address of attorney filing notice of appeal:
(signature) _____
(printed name) _____
_____ Zip: _____
Supreme Court ID No: _____
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 it 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- Original
- 1 Copy for Bureau of Traffic Safety
- 1 Copy for District Attorney
- 1 Copy for District Justice
- 1 Copy for Defendant
- 1 Copy for Affiant

Clerk Of Courts