

_____ Court of the State of New York
County of _____

NOTICE OF APPEAL

Index No.:

PLEASE TAKE NOTICE that *(insert your name)* _____
hereby appeals to the Appellate Division of the Supreme Court of the State of New York, Second
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)*