

\_\_\_\_\_ 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  
\_\_\_\_\_, 200\_\_

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)*