

Commonwealth of Pennsylvania
Court of Common Pleas
County of Chester
Fifteenth Judicial District



Notice of Appeal from Summary Criminal Conviction

Name and Address of Appellant/Defendant:

Phone Number: _____

Date: _____
Issuing Authority Docket No: _____
Citation No: _____
Magisterial District No: _____

A sentence of _____ was imposed
on: _____. Offense(s) of which convicted: _____

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: _____

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 to the following address:

**PA Dept. of Transportation
P.O. Box 68618
Correspondence Unit
Harrisburg, PA 17106-8616**

I hereby certify that an appeal has been filed in the above-captioned case.

Deputy Clerk of Courts

Copies to: _____ Defendant, _____ District Judge, _____ District Attorney, _____ Affiant
_____ Crt. Administration, _____ Dept. of Transportation (if necessary)