

Commonwealth of Pennsylvania
Court of Common Pleas
County of Chester
15th Judicial District



Notice of Appeal from Summary Criminal
Conviction

CP-15-SA-_____ -20__

Chester County Clerk of Courts
201 West Market Street, Suite 1400
P.O. Box 2746
West Chester, PA 19380
PH: 610-344-6135

Name and address of appellant:
Your name
Your address
Your City and State Zip Your Zip

Date: Today's Date
Issuing Authority Docket No.: From Original Citation
Citation No.: From Original Citation
Magisterial District No.: 15-0-00 (From Original Citation)

A sentence of Total of fines, costs and restitution was imposed on Date of Sentence. Offense(s) of which convicted: Example: Reckless Driving, Speeding, etc.

Grounds relied upon for appeal (except when the appeal is from a guilty plea or a conviction): leave blank if not applicable

Date of entry of guilty plea, the conviction, or other final order from which appeal is taken: From Original Citation

Name and mailing address of affiant as shown on citation or complaint:
Officer's Name as shown on Citation
Name of Police Department
Address of Police Department
City and State Zip Zip

If sentence includes fines, costs, or restitution, amount paid, if any: *** BAIL OR FINES AT MAGISTERIAL DISTRICT COURT - INCLUDE AMOUNT PAID ***
Type or amount of bail or collateral furnished to issuing authority, if any:

Name and mailing address of issuing authority:
Magisterial District Justice Name
Address of Magisterial District Court
City and State Zip Zip
Phone No. Phone Number

Name and address of attorney filing notice of appeal:
Signature If no attorney, signature of defendant/appellant
Name Name of attorney/defendant/appellant
Address of attorney/defendant/appellant
City and State Zip Zip
Supreme Court ID No. _____
Phone No. Phone Number Fax No. _____

I certify that this filing complies with the provisions of the Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts that require filing confidential information and documents differently than non-confidential information and documents.

Signature of Attorney/Defendant/Appellant
Signature of the Filer

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:

**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

** ___ See attached "Addendum" form for additional Citations/Charges.

Copies to: ___ Defendant ___ District Judge ___ District Attorney
___ Affiant ___ Crt Admin ___ Dept. of Transp (if necessary)



FREE INTERPRETER
www.pacourts.us/language-rights
610-344-6170