



# THE COUNTY OF CHESTER

## OFFICE OF THE CLERK OF COURTS

201 W. Market St., Suite 1400, P.O. Box 2746, West Chester, PA 19380-0989  
TELEPHONE: (610) 344-6135

FAX: (610) 344-6605  
FAX: (610) 344-4465



YOLANDA VAN de KROL  
Clerk of Courts

Kirsten Schurr  
First Deputy

## SUMMARY APPEALS

FILING FEE: \$50.00 (NON-REFUNDABLE)

IMPORTANT WHEN COMPLETING THIS FORM

PLEASE INDICATE YOUR PHONE NUMBER UNDER ADDRESS  
ON TOP LEFT HAND CORNER OF SUMMARY APPEAL FORM.

Please be advised that if you are filing a Summary Appeal in the Court of Common Pleas and you are FOUND GUILTY, or if you withdraw your Appeal, you will be charged an additional fee – plus any fines and costs you have not paid at District Court.

If you are found NOT GUILTY, no court costs will be assessed. If you have paid monies at the District Court, you will receive a refund within a few weeks following your scheduled hearing.

If you are in need of additional information, please contact the Clerk of Courts office.

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ 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 \_\_\_\_\_  
Name \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_  
Supreme Court ID No. \_\_\_\_\_  
Phone No. \_\_\_\_\_ 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 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](http://www.pacourts.us/language-rights)  
610-344-6170