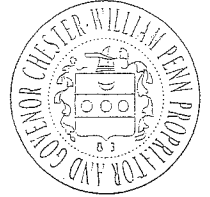


# THE COUNTY OF CHESTER



## 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

(610) 344-4465

ROBIN L. MARCELLO  
Clerk of Courts

ALEXIS K. BARSAMIAN, MPA  
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 any 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.

**REV. 10/18/2017**

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)