NOTICE OF APPEAL RIGHTS

NOTE: This is <u>not</u> a Notice of Appeal. It is a notification of client <u>rights</u> to appeal.

FROM	1: Attorney Name:Address:	TO:
	Phone Number:	
RE:	Indictment/Docket No.:	
	Crime Convicted Of:	
of time	e limitations involved, manner of instituting an appeal or approximate room who is unable to pay the cost of an appeal to apply for	22.11(a), please be advised that the following are your appeal rights, notice oplying for permission, obtaining a transcript of the testimony, and the right leave to appeal as a poor person: ion in this case. Even if you have waived that right on taking a guilty plea,
	luntariness and propriety of that waiver can be appealed, and	
with an (see ab	o, NY 14202; and (2) filed in duplicate (i.e., original plus n Affidavit of Service upon the District Attorney. This mu	pared and (1) copy served on the District Attorney at 25 Delaware Avenue, is one copy) with the Clerk of Court in which you were sentenced, together ust be done within THIRTY (30) DAYS from the date you were sentenced as or Article 78 petition, THIRTY (30) DAYS from the date the order was
dismiss transcri	t to dismissal on a motion. If the appeal is not perfected wissal without motion. You will need to obtain a stenograp	SIXTY (60) DAYS of service of the Notice of Appeal, or else the appeal is ithin NINE (9) MONTHS of service of the Notice of Appeal, it is subject to hic copy of the minutes of every court appearance in your case (i.e., the case as named above. In addition to the transcript, perfecting an appeal has tation to protect your rights.
convict signatu County and Co 14604.	ent you on appeal free of charge and to proceed as a poction, you must prepare an application to the Appellate Dure notarized. Your application must be served on (I) the y Attorney at 69 Delaware Avenue, Buffalo, NY 14202. Tounty Attorney must be sent to the Supreme Court, Appella	orney and the costs of appeal, you are entitled to have counsel assigned to or person. However, if your appeal is from a County or Supreme Court Division for permission to appeal as a poor person, sign it and have your District Attorney at 25 Delaware Avenue, Buffalo, NY 14202 and (2) the The original application and Affidavits of Service upon the District Attorney at e Division, Fourth Department, 50 East Avenue, Suite 200, Rochester, NY will be provided with a copy of the transcript free of charge and the appeal DAYS of receipt of the transcript.
DO YO	OU WISH TO APPEAL? (Please "X" the appropriate br	ackets)
() YES, I WANT TO APPEAL	
If you wish to appeal, I will prepare, serve and file the Notice of Appeal on your behalf.		
(YES, I am without funds to pay for the cost of appeal, including an attorney, & want to apply for permission to appeal as a poor person.		
If you wish to apply for permission to appeal as a poor person, I will prepare the application for your signature and will, thereafter, serve and file it on your behalf. Once completed, this will conclude my obligation as your attorney and representation of you in this matter.		
() NO, I DO NOT WANT TO APPEAL		
	s you let me know that you want to appeal, I do not have e of Appeal must be served and filed within THIRTY (30) D	to prepare, serve and file the Notice of Appeal. Please remember that the DAYS from the date of your sentence listed above.
I ackno	owledge that this Notice of Appeal Rights was given to me	in person by my above-named attorney immediately upon sentencing.
Dated:	, 20	(DEFENDANT)
This Notice of Appeal Rights was given to Defendant in person by me on (Date), immediately upon sentencing on		
Dated:	. , 20	(Date)