



New Jersey Judiciary  
 Superior Court - Appellate Division  
**Notice of Appeal**

Type or clearly print all information. Attach additional sheets if necessary.

Title in Full (As Captioned Below)	<b>Attorney/Law Firm/Pro Se Litigant</b>			
	Name			
	Street Address			
	City	State	Zip	Telephone Number
Email Address:				

On Appeal from

Trial Court Judge	Trial Court or State Agency	Trial Court or Agency Number
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Notice is hereby given that \_\_\_\_\_, appeals to the Appellate Division from a  Judgment or  Order entered on \_\_\_\_\_, in the (select one)  
 Civil,  Criminal, or  Family Part of the Superior Court  Tax Court or from a  
 State Agency decision entered on \_\_\_\_\_.

If not appealing the entire judgment, order or agency decision, specify what parts or paragraphs are being appealed.

Have all issues, as to all parties in this action, before the trial court or agency been disposed of? (In consolidated actions, all issues as to all parties in all actions must have been disposed of.)  Yes  No

If not, has the order been properly certified as final pursuant to R. 4:42-2?  Yes  No

For criminal, quasi-criminal and juvenile actions only:  
 Give a concise statement of the offense and the judgment including date entered and any sentence or disposition imposed:

This appeal is from a  conviction  post judgment motion  post-conviction relief.

If post-conviction relief, is it the  1st  2nd  other \_\_\_\_\_  
specify

Is defendant incarcerated?  Yes  No

Was bail granted or the sentence or disposition stayed?  Yes  No

If in custody, name the place of confinement:

Defendant was represented below by:  
 Public Defender  self  private counsel \_\_\_\_\_  
specify

Notice of appeal and attached case information statement have been served where applicable on the following:

	<b>Name</b>	<b>Date of Service</b>
Trial Court Judge		
Trial Court Division Manager		
Tax Court Administrator		
State Agency		
Attorney General or Attorney for other Governmental body pursuant to <i>R. 2:5-1</i> (a), (d) or (g)		

Other parties in this action:

<b>Name and Designation</b>	<b>Attorney Name, Address and Telephone No.</b>	<b>Date of Service</b>
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Attached transcript request form has been served where applicable on the following:

**Date of Service**

- Appellate Division Transcript Office
- Clerk of the Tax Court
- State Agency (name)

Exempt from submitting the transcript request form due to the following:

- No verbatim record.
- Transcript in possession of attorney or pro se litigant (four copies of the transcript must be submitted along with an electronic copy).

List the date(s) of the trial or hearing:

- Motion for abbreviation of transcript filed with the court or agency below. Attach copy.
- Motion for transcript at public expense filed with the court below. Attach copy.

I certify that the foregoing statements are true to the best of my knowledge, information and belief. I also certify that, unless exempt, the filing fee required by *N.J.S.A. 22A:2-5* and Rule 1:43 has been paid.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Attorney or Pro Se Litigant