

Court of the State of New York

County of _____

X

NOTICE OF APPEAL

Index No.:

v.

X

PLEASE TAKE NOTICE that (insert appellant(s) name) _____ hereby appeals to the Appellate Division of the Supreme Court of the State of New York, Second Judicial Department, from a(n) (insert judgment, order, decree, decision, etc.) _____ of the _____ Court, _____ County, dated _____.

Dated: _____, New York
_____, _____, 200__

Yours, etc.,

Firm Name, Your Name, Address, Telephone

To: (Insert below the name and address of the clerk of the trial Court and the names and address of all adversaries)