

_____ Court of the State of New York
County of _____

_____,
against _____,
_____,
_____.

NOTICE OF APPEAL

County Clerk's
Index No.
_____/____

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

Dated: _____, New York
_____, 20__

Yours, etc.,

Signature

To: (*Insert below the name and address of the clerk of the trial
court and the names and addresses of all opponents*)