



Notice of Appeal from Summary Criminal Conviction

COMMONWEALTH OF PENNSYLVANIA
v.

Bucks County Clerk of Courts Office
100 North Main Street
Doylestown, PA 18901
PH: 215-348-6389

Name and address of appellant:

Phone Number: _____ Zip _____

Date: _____
Issuing Authority Docket No.: _____
Citation No.: _____
Magisterial District No.: _____

A sentence of _____ was imposed on _____ . Offense(s) of which convicted: _____
Grounds relied upon for appeal (except when the appeal is from a guilty plea or a conviction): _____
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 compliant:

_____ 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 _____
Name _____
_____ Zip _____
Supreme Court ID No. _____
Phone No. _____ Fax No. _____

I certify that this filing complies with the provisions of the Case Records Public Access Policy of the Unified Judicial System of Pennsylvania that require filing confidential information and documents differently than non-confidential information and documents.

Signature of the Filer

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:

**PennDOT
Correspondence Unit
PO Box 68618
Harrisburg, PA 17106**

I hereby certify that an appeal has been filed in the above-captioned case.

Clerk Of Courts

