



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, address and Phone number 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. _____

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