

Instructions

Commonwealth of
Pennsylvania Court of Common
Pleas County of Wyoming
4th Judicial District



Notice of Appeal from Summary Criminal Conviction

Information All Found on Magistrate Paperwork

Appellant Name: Name & Address of Person Filing Appeal
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____

Today's Date: _____ Issuing Authority Docket Number: _____
Citation No: From Original Citation
Magisterial District No: _____
44-3-02 Smith; 44-3-04 Plummer

Fines, Costs, Jail, Etc.

Date of Sentence by MDJ

What were you charged with?

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 Sentence by MDJ

Date of entry of guilty plea, the conviction, or other final order from which appeal is taken: _____

Name and mailing address of affiant as show on citation or complaint:
Affiant Name: Name & Address of Trooper or Officer on Citation
Address: _____
City: _____ State: _____ Zip: _____

If sentence includes fines, costs or restitution, amount paid, if any: *Bail or fines at magisterial district & court include amount paid
Type or amount of bail or collateral furnished to issuing authority, if any: _____

Name and mailing address of issuing authority:
Issuing Authority: Name & Address of Magistrate
Address: _____
City: _____ State: _____ Zip: _____
Phone No: _____

Name & Address of Attorney if you have one
Name and address of attorney filing notice of appeal:
Attorney Signature: If pro se - sign here
Attorney Name (Printed): _____
Address: _____
City: _____ State: _____ Zip: _____
Phone No: _____ Fax No: _____
Supreme Court ID Number: _____

Must be filed in our office within 30 days from the date of sentencing by the Magistrate, along with \$40.00 (non-refundable) filing fee. Make check payable to:

**Clerk of Courts
One Courthouse Square
Tunkhannock, PA 18657**

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

Original clerk of courts _____
1 Copy to magistrate _____

1 Copy to DA _____
1 Copy to affiant _____

Copy to Judge _____