



CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR _____ City/County

Located at _____ Court Address Case No. _____

STATE OF MARYLAND vs. _____
Appellant

Address

City, State, Zip Telephone _____

NOTICE OF APPEAL FOR CRIMINAL MATTERS

The appellant appeals the decision in this case to the proper appellate court.

- The appellant requests the court to waive court costs, because they are unable to afford the expenses as will more fully appear in the attached financial statement and statement of earnings:
 - Request for Waiver of Prepaid Costs for Assembling the Record for an Appeal (form CC-DC-091)
 - Request for Waiver of Prepaid Appellate Costs (form CC-DC-092)

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief.

Date	Signature of Appellant/Appellant's Attorney	Attorney Number
<p>Check if applicable: I hereby certify that I am an attorney</p> <p><input type="checkbox"/> with the Public Defender's Office.</p> <p><input type="checkbox"/> assigned by Legal Aid Bureau, Inc.</p> <p><input type="checkbox"/> assigned by other legal services organization that accepts as clients only those persons meeting the financial eligibility criteria established by the Federal Legal Services Corporation or other appropriate governmental agency.</p> <p style="text-align: center; border-top: 1px dotted black;">Signature</p>	Printed Name	
	Address	
	City, State, Zip	
	Telephone	Fax
	E-mail	
	Signature	

CERTIFICATE OF SERVICE

I certify that I served a copy of this notice upon the following party or parties by hand delivery mailing first-class mail, postage prepaid on _____ Date to:

Name	Address
Name	Address
Date	City, State, Zip
Date	City, State, Zip
Date	Signature of Party Serving