



☐ CIRCUIT COURT ☐ DISTRICT COURT OF MARYLAND FOR _____ City/County

Located at _____ Case No. _____
Court Address

STATE OF MARYLAND

vs.

Appellant _____ SID _____

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 that the court waive court costs, because the appellant is unable to afford the expenses as is more fully established by the attached:
- ☐ Request for Waiver of Costs for Assembling the Record for an Appeal (form CC-DC-091); and/or
 - ☐ Request for Waiver of 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

Check if applicable:

I hereby certify that I am an attorney

- ☐ with the Office of the Public Defender.
- ☐ assigned by Maryland Legal Aid.
- ☐ assigned by another legal services organization that accepts clients meeting the financial eligibility criteria established by the Federal Legal Services Corporation or other appropriate governmental agency.

Signature

Printed Name

Address

City, State, Zip

Telephone

Fax

E-mail

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 _____ to:
Date

Name of Party Served

Address

City, State, Zip

Name of Party Served

Address

City, State, Zip

Date

Signature of Party Serving