



DISTRICT COURT OF MARYLAND FOR \_\_\_\_\_

City/County

Located at \_\_\_\_\_ Case No. \_\_\_\_\_

Court Address

STATE OF MARYLAND

vs.

Defendant

Address

City, State, Zip

Telephone

**NOTICE OF APPEAL**

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

The Defendant requests the court to waive court costs because he is unable to afford the expenses as will more fully appear in an attached financial statement and statement of earnings.

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 Defendant/Defendant's Attorney

\_\_\_\_\_ CPF ID No.

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Address

\_\_\_\_\_ City, State, Zip

\_\_\_\_\_ Telephone

\_\_\_\_\_ Fax

\_\_\_\_\_ E-mail

Check if applicable:

I hereby certify that I am an attorney

- with the Public Defender's Office.
- assigned by Legal Aid Bureau, Inc.
- 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.

\_\_\_\_\_ 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 \_\_\_\_\_ to:  
Date

\_\_\_\_\_ Name

\_\_\_\_\_ Address

\_\_\_\_\_ City, State, Zip

\_\_\_\_\_ Name

\_\_\_\_\_ Address

\_\_\_\_\_ City, State, Zip

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Party Serving