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| ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>): <hr/> TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____ | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF | |
| PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT: _____ Date of birth: _____ California Dept. of Corrections No. (if applicable): _____ | |
| NOTICE OF APPEAL—FELONY (DEFENDANT) (Pen. Code, §§ 1237,1538.5(m); Cal. Rules of Court, rule 8.304) | |
| CASE NUMBER(S): _____ | |

NOTICE

- If your appeal challenges the validity of the plea you must complete the *Request for Certificate of Probable Cause* on the other side of this form. (Pen. Code, § 1237.5.)
- You must file this form in the superior court within 60 days after entry of judgment.

1. Defendant (*name*): _____
 appeals from the order or judgment entered on (*specify date of order, judgment, or sentence*): _____

2. This appeal follows:
- a. A jury or court trial. (Pen. Code, § 1237(a).)
 - b. A contested violation of probation. (Pen. Code, § 1237(b).)
 - c. A guilty (or no-contest) plea or an admitted probation violation (*check all boxes that apply*):
 - (1) This appeal is based on the sentence or other matters occurring after the plea. (Cal. Rules of Court, rule 8.304.)
 - (2) This appeal is based on the denial of a motion to suppress evidence under Penal Code section 1538.5.
 - (3) This appeal challenges the validity of the plea or admission. (*You must complete the Request for Certificate of Probable Cause on the other side of this form.*)
 - d. Other (*specify*): _____

3. I request that the court appoint an attorney on appeal. Defendant was was not represented by an appointed attorney in the superior court.

4. Defendant's address: same as in attorney box above.
 as follows: _____

Date: _____

 (TYPE OR PRINT NAME) ▶ _____
 (SIGNATURE OF DEFENDANT OR ATTORNEY)

