

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

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\_\_\_\_\_  
 (SIGNATURE OF DEFENDANT OR ATTORNEY)

