

Name of Person Filing Document: _____
 Your Mailing Address: _____
 Your Telephone Number: _____
 Attorney Bar Number (if applicable): _____
 Representing Self (Without Attorney) OR Attorney Petitioner Respondent

**IN THE SUPERIOR COURT OF ARIZONA
 PINAL COUNTY**

| | | |
|-----------------------|---|----------------------------|
| THE STATE OF ARIZONA, |) | |
| Plaintiff, |) | Case No. <u>CR</u> _____ |
| |) | |
| vs. |) | Honorable _____ |
| |) | Division _____ |
| |) | |
| |) | NOTICE OF APPEAL |
| |) | FROM SUPERIOR COURT |
| |) | |
| Defendant. |) | |

NOTICE IS HEREBY GIVEN that _____ appeals from the

- Following judgment(s) of guilt in the above entitled case:
- Following sentence(s) imposed in the above entitled case:
- Other:

entered in the Superior Court, Pinal County on _____, 20_____.

_____ Date
 _____ Defendant, Attorney for the defendant or prosecutor

ATTACHMENT

- (1) The name and address of the defendant or defendants who appeal or against whom the state appeals:

- (2) The name and address of the attorney for the defendant or defendants:

- (3) The name and address of any co-defendant at trial. (If address is not known, so state):

- (4) The defendant or defendants who appeal or against whom the state appeals were were not represented by appointed counsel at the determination of guilt or at sentencing.