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. CR_____
	)	
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.

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October 4, 2006
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