



DISTRICT COURT OF MARYLAND FOR _____

Located at _____ City/County
Court Address Case No. _____

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 the foregoing paper are true to the best of my knowledge, information, and belief.

_____ Date

_____ Signature of Defendant/Defendant's Attorney

_____ 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 _____ Date to:

_____ Name

_____ Address

_____ Name

_____ Address

_____ Date

_____ Signature of Party Serving