



New Jersey Judiciary
Superior Court - Appellate Division
Notice of Appeal

Type or clearly print all information. Attach additional sheets if necessary.

(1) Title in Full (As Captioned Below)

(2) Attorney/Law Firm/Pro Se Litigant

Name

Street Address

City

State

Zip

Telephone Number

Email Address

On Appeal from

(3) Trial Court Judge

(4) Trial Court or State Agency

**(5) Trial Court or Agency
Number**

Notice is hereby given that **(6)** _____, appeals to the Appellate Division from a **(7)** ☐ Judgment or ☐ Order entered on _____, in the (select one) ☐ Civil, ☐ Criminal, ☐ Family Part of the Superior Court or ☐ Tax Court or from a ☐ State Agency decision entered on _____.

(8) If not appealing the entire judgment, order or agency decision, specify what parts or paragraphs are being appealed.

(9) Have all issues, as to all parties in this action, before the trial court or agency been disposed of? (In consolidated actions, all issues as to all parties in all actions must have been disposed of.) ☐ Yes ☐ No

If not, has the order been properly certified as final pursuant to R. 4:42-2? ☐ Yes ☐ No

For criminal, quasi-criminal and juvenile actions only:

(10A) Give a concise statement of the offense and the judgment including date entered and any sentence or disposition imposed:

(10B) This appeal is from a ☐ conviction ☐ post-judgment motion ☐ post-conviction relief.
If post-conviction relief, is it the ☐ first ☐ second ☐ other (specify) _____

(10C) Is defendant incarcerated? ☐ Yes ☐ No
Was bail granted or the sentence or disposition stayed? ☐ Yes ☐ No

(10D) If in custody, name the place of confinement:

Defendant was represented below by:

☐ Public Defender ☐ self ☐ private counsel (specify) _____

(11) Notice of appeal and attached case information statement have been served where applicable on the following:

	Name	Date of Service
Trial Court Judge	_____	_____
Trial Court Division Manager	_____	_____
Tax Court Administrator	_____	_____
State Agency	_____	_____
Attorney General or Attorney for other Governmental body pursuant to R. 2:5-1(b)(4)	_____	_____

Other parties in this action:

Name and Designation	Attorney Name, Address and Telephone Number	Date of Service
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(12) Attached transcript request form has been served where applicable on the following: **Date of Service**

☐ Appellate Division Transcript Office _____

☐ Clerk of the Tax Court _____

☐ State Agency (name) _____

(13) Exempt from submitting the transcript request form due to the following:

☐ No verbatim record.

☐ Transcript in possession of attorney or pro se litigant (four copies of the transcript must be submitted along with an electronic copy).

List the date(s) of the trial or hearing:

☐ Motion for abbreviation of transcript filed with the court or agency below. Attach copy.

☐ Motion for transcript at public expense filed with the court below. Attach copy.

I certify that the foregoing statements are true to the best of my knowledge, information, and belief. I also certify that, unless exempt, the filing fee required by *N.J.S.A. 22A:2-5* and *Rule 1:43* has been paid.

(14) _____
Date

(15) _____
Signature of Attorney or Pro Se Litigant



New Jersey Judiciary - Appellate Division **Instructions - Notice of Appeal**

Please print legibly or type the information on the form. Enter the caption or title of the case as it appears on the papers from the Trial Court or State Agency from which you are appealing.

Box Number	Instruction
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- | | |
|-----------|--|
| 1. | Enter the complete caption or title of the case exactly as it appears on the papers from the trial court or agency (for example, the complaint or indictment). Write all party names in full; do not use “ <i>et al.</i> ” |
| 2. | Enter your name, address, email address, and daytime telephone number. Note: If you are not an attorney admitted to practice in the State of New Jersey, you may not represent any person other than yourself. |
| 3. | Enter the name of the judge whose judgment or order you are appealing. (For state agency appeals, leave this blank.) |
| 4. | Enter the name of the trial court or state agency from which this case originates (for example, “Superior Court, Law Division, Essex County,” or “Superior Court, Family Part, Mercer County”, or “Tax Court”). If the appeal is from a final decision of a state agency, enter the name of the agency (for example, “Department of Labor”). |
| 5. | In civil cases, enter the trial court docket number. In criminal cases, enter the complaint, accusation or indictment number(s). If a municipal appeal, enter the Law Division docket number. In agency matters, enter the agency assigned number. |
| 6. | Enter your name. |
| 7. | <p>If you are appealing a judgment or order from the trial court, check the appropriate box, and enter the date of the judgment or order on the line. Then, select the appropriate box that describes the court. For example:</p> <ul style="list-style-type: none">• Check “Civil” if appealing from a Superior Court Law Division (Civil Part or Special Civil Part) or Chancery Division (General Equity or Probate) judgment or order.• Check “Criminal” if appealing from a Superior Court Criminal Division judgment or order.• Check “Family Part” if appealing a Superior Court Family Division judgment or order.• Check “Tax Court” if appealing from the Tax Court. <p>If you are appealing a state agency decision, select the “State Agency Decision” box and enter the date of the decision on the line.</p> |
| 8. | If you are appealing the entire judgment, order or agency decision, leave this space blank. If you are appealing only a part or several parts, specify the parts (for example, paragraph numbers) being appealed. |

9. **Finality Inquiry: If all issues as to all parties are disposed of (decided) in the trial court or agency**, including motions for fees or for reconsideration, check “Yes.” Stop, go to the next section.

If all issues as to all parties are not disposed of (decided), check “No.” If you check “No,” you should not be filing a *Notice of Appeal*, but rather a *Motion for Leave to Appeal*. The only exception may be if you are able to check “Yes” to the next question, indicating that the order has been properly certified as final pursuant to *Rule 4:42-2*.

10. **Only Complete Section 10 If Appealing a Superior Court Criminal Division Judgment/Order or a Finding of Juvenile Delinquency.**

- a. Give a concise statement of the offense and the judgment including the date entered and any sentence or disposition imposed.
- b. Check appropriate box if appeal is from a judgment, post-judgment motion or motion for post-conviction relief (PCR). If a PCR, check whether 1st or 2nd. If third or higher, select “other” and indicate number.
- c. Check appropriate boxes to answer questions.
- d. If in custody, enter the name and full address of the facility/institution at which you are confined. Please include any inmate identification number assigned to you. Check appropriate box to indicate who represented you below.

11. A Notice of Appeal must be served upon a number of individuals. Enter the names, date of service and other information requested. See Court Rule 2:5-1. Service may be made by personal delivery of the papers, by ordinary mail or by certified or registered mail return receipt requested. See Court Rule 1:5-2.

12. As the appellant, you must order the transcript(s) of proceedings in the trial court, Tax Court or state agency from which you are **appealing unless you meet one of the exemptions listed in section 13**. To show that you ordered transcripts, complete section 12 by entering the name(s) of the person(s) on whom you served a transcript request form and the date of service.

13. There are four exemptions to the requirement of ordering transcript(s) at the time of filing the Notice of Appeal. Read each carefully and if applicable, check the appropriate box. If none of the exemptions apply to your case, you should leave this section blank. The four exemptions are:

a. No Verbatim Record

This exemption applies if there were no proceedings in the trial court or agency; or, if there were proceedings, there was no court reporter or sound recording device present. Before checking this box, confirm with the court/agency that there are no transcript(s).

b. Transcript in Possession of Attorney or Pro Se Litigant

This means that you have already ordered an original copy of the transcript and it is in your possession. In that case, the transcript will not have to be reordered as an original; however, you may have to order a copy of the transcript for appeal. List the date(s) of the applicable transcript(s) and submit paper copies of each transcript. If the transcript preparer gave you an electronic copy of the transcript (for example, a CD-ROM) submit

it as well. The Clerk's Office will contact you if you need to order a copy for appeal.

c. Motion for Abbreviation of Transcript Filed with the Court or Agency Below

Instead of a transcript of the entire proceedings in the trial court or state agency, you may file a motion to the court or agency seeking permission to order only certain dates or sections of the transcript(s) of proceedings. See Court Rule 2:5-3(c). A copy of your motion to the court/agency must be attached to your Notice of Appeal, and you are responsible to keep the Appellate Division Clerk's Office informed of the status of the motion and to obtain and forward a copy of the order deciding the motion.

d. Motion for Transcript at Public Expense Filed with the Court Below

If you have filed a *Motion for Transcript(s) at Public Expense* with the trial court or agency below, a copy of that motion must be attached to your *Notice of Appeal*. As the person who filed the motion with the trial court/agency, it is your responsibility to keep the Appellate Division Clerk's Office informed of the status of that motion and to obtain and forward a copy of the order deciding the motion.

14. Enter the current date on the line marked Date.
15. Sign your name on the line marked *Signature of Attorney or Pro Se Litigant*.