IN THE COURT OF COMMON PLEAS OF LEHIGH COUNTY

Notice of Appeal from Summary Criminal Conviction

Name and Address of Defendant
(zip)

Date:
Issuing Authority Docket No.
Citation No.
Magisterial District No.

Appeal from sentence of _____

Date of Sentence:_____ Offense(s) of which convicted _____

_____

Name and mailing address of affiant as shown on complaint

If sentence includes fine and costs, amount of which paid:
Type or amount of bail furnished, if any:

Name and address of issuing authority:
Zip
Phone

Name and address of Attorney for defendant: (signature)	
(print name)	
(street)	Phone
(address)	Zip
Attorney Identification No.	

Date of Birth:
Phone Number:

Email address:
Interpreter Required? Yes ☐ No ☐ If YES, which language?

Certificate of Compliance

I certify that this filing complies with the provisions of the Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts that require filing confidential information and documents differently than non-confidential information and documents.

Submitted by: _____
Signature: _____
Name: _____
Attorney No. (If applicable): _____