

PLEASE READ BEFORE FILLING OUT SUMMARY APPEAL FORM

There is a **\$67.25 NON-REFUNDABLE FILING FEE** payable at the time of filing a Notice of Summary Appeal. The filing fee is payable by cash, check (personal checks are accepted as long as your address and phone number are printed on the check), or money order. (Appeals must be filed within 30 days from conviction date.) If the Court of Common Pleas finds you ***guilty***, or upholds the Magisterial District Judge's decision, ***Court costs are assessed at that time***. If you withdraw the appeal, then you are accepting the Magisterial District Judge's decision. You are responsible for payment of ***additional Court costs*** which will be assessed up to the time of your withdrawal. If the Court of Common Pleas finds you ***not guilty***, there are no court costs owing. Any monies which you paid to the Magisterial District Judge can be credited towards your additional costs (or refunded by the Bureau of Collections to you if found not guilty).

Try to fill out the form as best as you can. ***Please print clearly***. The necessary information concerning the case must be included. Include **ALL** docket numbers you are appealing. ***Only those listed on form will be scheduled for hearing***. The police or case papers from the Magisterial District Judge contain some of the needed information. The "affiant section" refers to the arresting police officer and police department, or the person who brought the charges against you. The name and address of the Magisterial District Judge on the bottom left must be included. If you have any questions, please ask. The Clerk's Office Staff is ***not*** to complete the form, or offer any legal advice. If you do not have an attorney representing you, please sign on the signature line at the bottom right of the page where it states name and address of attorney. This means you are considered to be acting on your own behalf.

A copy of the appeal will be referred to the District Attorney's Office for scheduling of a hearing before the Court of Common Pleas.

All summary appeals can be filed between the hours of 8:00 a.m. and 4:30 p.m. at:

***Lehigh County Clerk of Judicial Records – Criminal Division
Room 122, Lehigh County Courthouse
455 W. Hamilton Street
Allentown, PA 18101-1614
(610) 782-3077***

SAMPLE – DO NOT FILL THIS FORM OUT

IN THE COURT OF COMMON PLEAS OF LEHIGH COUNTY

Notice of Appeal from Summary Criminal Conviction

Name and Address of Defendant
YOUR NAME AND ADDRESS
(zip)

Date: TODAY'S DATE
Issuing Authority Docket No. TR OR NT NUMBER(S) AND YEAR
Citation No. NUMBER LISTED ON CITATION
Magisterial District No. EXAMPLE 31-1-01

Appeal from sentence of SENTENCE OF MDJ (COSTS & FINES, JAIL TIME, POINTS, GUILTY SENTENCE)

Date of Sentence: DATE FOUND GUILTY Offense(s) of which convicted NAME OF CHARGE YOU WERE FOUND GUILTY OF AND SECTION/SUBSECTION (DRIVING UNDER SUSPENSION 1543 (a))

Name and mailing address of affiant as shown on complaint
OFFICER OR AGENCY THAT GAVE YOU THE TICKET

If sentence includes fine and costs, amount of which paid:
AMOUNT PAID TOWARDS COSTS AND FINES, IF NONE PUT "0"
Type or amount of bail furnished, if any:

Name and address of issuing authority:
MAGISTERIAL DISTRICT COURT
EXAMPLE: 31-1-01
Zip
Phone

Name and address of Attorney for defendant:
(signature) IF NO ATTORNEY, YOUR SIGNATURE
(print name)
(street) Phone
(address) Zip
Attorney Identification No.

Date of Birth: YOUR DATE OF BIRTH
Phone Number: YOUR PHONE NUMBER

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: PERSON FILING THE APPEAL (IF THIRD PARTY)
Signature: YOUR SIGNATURE
Name: YOUR NAME
Attorney No. (If applicable): _____