

Name of Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Day/Evening Phone Number: _____
Attorney Bar Number (if applicable): _____
Representing: Self or Attorney for Petitioner Respondent

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

(Name of Plaintiff)

Case Number: _____

AND

**NOTICE OF APPEAL FROM
SUPERIOR COURT**

(Name of Defendant)

NOTICE IS HEREBY GIVEN that the above named defendant _____,
appeals from the: (APPELLANT)

Following judgment(s) of guilt in the above entitled case:
entered in the Superior court, Mohave County, on _____.
(DATE)

Following sentence(s) imposed in the above entitled case:

entered in the Superior Court, Mohave County, on _____.
(DATE)

Other:

entered in the Superior Court, Mohave County, on _____.
(DATE)

DATED this _____ day of _____, 20____.

Defendant, Attorney for Defendant or Prosecutor's Signature