

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)

____ Civ. _____ () ()

- against -

**NOTICE OF APPEAL
IN A CIVIL CASE**

(In the space above enter the full name(s) of the defendant(s)/respondent(s).)

Notice is hereby given that _____
(party)

hereby appeals to the United States Court of Appeals for the Second Circuit from the Judgment

(describe the judgment)

entered in this action on the _____ day of _____, 20____.
(date) (month) (year)

Signature

Address

City, State & Zip Code

DATED: _____, 20____ () - _____
Telephone Number

NOTE: To take an appeal, this form must be received by the *Pro Se* Office of the Southern District of New York within thirty (30) days of the date on which the judgment was entered, or sixty (60) days if the United States or an officer or agency of the United States is a party.