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|---|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number, and address):</i> TELEPHONE NO. <i>(Optional):</i> _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____ | FOR COURT USE ONLY |
| <input type="checkbox"/> SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ <input type="checkbox"/> MUNICIPAL COURT, _____ JUDICIAL DISTRICT, _____ COUNTY OF _____ | |
| <p style="text-align: center;">PEOPLE OF THE STATE OF CALIFORNIA</p> <p style="text-align: center;">vs.</p> DEFENDANT: Date of birth: _____ | |
| NOTICE OF APPEAL—MISDEMEANOR (DEFENDANT) (Penal Code, § 1466(2); Cal. Rules of Court, rule 182(a)) | CASE NUMBER(S): _____ |

NOTICE

- Use this form if you were not charged with a felony and you were convicted of a misdemeanor. (Penal Code, § 691(g).) If you were originally charged with a felony, use form CR-120.
- You must file this form in the trial court within 30 days of the entry of judgment or appealable order.

1. Defendant *(name)*: _____
 appeals from the order or judgment entered on *(specify date of order, judgment, or sentence)*: _____

2. This appeal follows *(check all boxes that apply)*:
- a. A final judgment of conviction (Penal Code, § 1466(2)(A)).
 - b. An order made after judgment that affects a substantial right (Penal Code, § 1466(2)(B)).
 - c. Other *(describe)*: _____

3. Defendant's address: same as in attorney box above.
 as follows: _____

Date: _____

 (TYPE OR PRINT NAME)

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 (SIGNATURE OF DEFENDANT OR ATTORNEY)