	Superior Court of New Jersey Chancery Division - Family Part County of
Sto	Docket Number FJ te in the Interest of
Sia	
	Civil Action
Juv	renile
	Appeal Rights Form
(Co	omplete in duplicate: one fully executed copy to be delivered to the trial judge and juvenile to retain the remaining copy.)
Ι, _	, hereby certify as follows:
1.	I am the juvenile in the case referred to above. I am being represented in this disposition by  who has reviewed this Appeal Rights Form with me and has explained the information in this form to me.
2.	I understand that: (a) an appeal means having my case reviewed by a higher court, (b) I have the right to appeal my adjudication and the disposition, (c) I have the right to be represented by a lawyer for that appeal, (d) if I am eligible for Public Defender representation for my appeal, the Office of the Public Defender will represent me or arrange for my representation, and (e) if I fail to file a notice of appeal with the Appellate Division within 45 days of today's date, I will lose my right to appeal unless I obtain a thirty-day extension of time on a showing of good cause and absence of prejudice.
3.	I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.
Da	ted:,Juyenile
т	
I, _chi	, was present when this Appeal Rights Form was explained to my ild/ward.
Dat	ted:
Da	ted:,Parent/Guardian
	ave reviewed this Appeal Rights Form with the juvenile and his or her parent or guardian, and I am isfied that the juvenile understands the rights it describes.
Da	ted:,
	Counsel for Juvenile