

STATE OF NEW JERSEY

v.

**CIVIL ACTION
Appeal Rights Form**

Defendant

(Complete in duplicate: one fully executed copy to be delivered to the trial judge and defendant to retain the remaining copy.)

I, _____, hereby certify as follows:

1. I am the defendant in the above referenced case.
2. I am being represented in this sentencing by _____ and he/she has reviewed this Appeal Rights Form with me.
3. I understand that: (a) an appeal means having my case reviewed by a higher court, (b) I have a right to appeal my conviction and sentence, (c) I have the right to be represented by counsel for that appeal, (d) if I am unable to secure counsel for my appeal, I may apply to the court for appointed counsel, and (e) If I fail to file a notice of appeal with the Appellate Division within 45 days of today's date, and unless I obtain a thirty-day extension of time on a showing of good cause and absence of prejudice, I will lose my right to appeal.
4. 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.

DATED: _____

Defendant

I have reviewed this Appeal Rights Form with defendant and I am satisfied that he/she has been fully advised of the rights it describes.

DATED: _____

Counsel for Defendant