

\_\_\_\_\_  
New Jersey Division of Child Protection and Permanency,  
Plaintiff,

v.

\_\_\_\_\_  
(NJSpirit Participant #: \_\_\_\_\_) Defendant,

\_\_\_\_\_  
(NJSpirit Participant #: \_\_\_\_\_) Defendant,

\_\_\_\_\_  
(NJSpirit Participant #: \_\_\_\_\_) Defendant,

\_\_\_\_\_  
(NJSpirit Participant #: \_\_\_\_\_) Defendant,

**In the Matter of:**

\_\_\_\_\_  
NJSpirit Participant #:  
FC Docket #:

\_\_\_\_\_  
NJSpirit Participant #:  
FC Docket #:

Superior Court of New Jersey  
Chancery Division - Family Part  
County: \_\_\_\_\_  
Docket Number: FG - \_\_\_\_\_  
NJSpirit Case #: \_\_\_\_\_

**Civil Action**  
**Acknowledgment of**  
**Appeal Rights**

I, \_\_\_\_\_, hereby certify as follows:

1. I am the defendant in the above referenced case.
2. I am being represented in this litigation by \_\_\_\_\_, and my attorney has reviewed this appeal rights form with me.
3. **Appeal Rights** -- I understand that:
  - a) An appeal means having my case reviewed by a higher court; and
  - b) I have the right to appeal the termination of my parental rights; and
  - c) I have the right to be represented by counsel for that appeal; and
  - d) If I am unable to afford private counsel 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 21 days of today's date, I will lose my right to appeal.
4. I am appearing today before Judge \_\_\_\_\_.

**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.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Defendant

**I have reviewed this Appeal Rights Form with the defendant and I am satisfied that he/she understands the rights it describes.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney for Defendant

**(To be filled out by private counsel only)**

**If defendant decides to appeal and cannot afford to continue to retain private counsel, I will notify the Office of the Public Defender within 21 days of today's date.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney for Defendant

For information on appellate representation by the Office of the Public Defender, please write to:

Office of Parental Representation  
Appellate Section  
31 Clinton Street, 10th Floor  
Newark, New Jersey 07102

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