Commonwealth of Pennsylvania
Court of Common Pleas
County of Bucks
7th Judicial District

Notice of Appeal from Summary Criminal Conviction

Bucks County Clerk of Courts Office
100 North Main Street
Doylestown, PA 18901
PH: 215-348-6389

Name and address of appellant:

_____

_____

_____

Phone # _____ Zip _____

Date: _____

Issuing Authority Docket No.: _____

Citation No.: _____

Magisterial District No.: _____

A sentence of _____ was imposed on

_____ . Offense(s) of which convicted: _____

_____

Grounds relied upon for appeal (except when the appeal is from a guilty plea or a conviction): _____

_____

Date of entry of guilty plea, the conviction, or other final order from which appeal is taken: _____

Name and mailing address of affiant as shown on citation or complaint:

_____

_____

_____

_____ Zip _____

If sentence includes fines, costs, or restitution, amount paid, if any:

_____

Type or amount of bail or collateral furnished to issuing authority, if any:

_____

Name and mailing address of issuing authority:

_____

_____

_____

_____ Zip _____

Phone No. _____

Name and address of attorney filing notice of appeal:

Signature _____

Name _____

_____

_____ Zip _____

Supreme Court ID No. _____

Phone No. _____ Fax No. _____

☐ I certify that this filing complies with the provisions of the Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts that require filing confidential information and documents differently than non-confidential information and documents.

_____
Signature of the Filer

NOTICE TO DEFENDANT:

If your appeal is from a motor vehicle conviction other than parking, have the clerk of courts certify this copy and mail to the following address:

**PennDOT
Correspondence Unit
PO Box 68618
Harrisburg, PA 17106**

I hereby certify that an appeal has been filed in the above-captioned case.

_____
Clerk Of Courts

CPCMS 2026
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