ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address)*:	***FOR COURT USE ONLY***
TELEPHONE NO.: FAX NO.: ATTORNEY FOR *(Name)*:	
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PEOPLE OF THE STATE OF CALIFORNIA VS. DEFENDANT/APPELLANT *(Name)*:	
NOTICE OF APPEAL (Infraction)	CASE NUMBER:

Defendant/Appellant *(Name)*: in the above-entitled action hereby appeals to the Appellate Division of the Superior Court in and for the County of *(name)*: , State of California, from the ☐ judgment and/or ☐ order entered in the above-named trial court on *(date)*:

Date:

. . . . . .
(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE OF DEFENDANT/APPELLANT OR ATTORNEY)