

**IN THE CIRCUIT COURT FOR [COUNTY], MARYLAND**

**STATE OF MARYLAND**

**CASE NO. [CASE NUMBER]**

**v.**

**[YOUR NAME]**

**NOTICE OF APPEAL**

**TO THE CLERK:**

Please enter an appeal in the above-captioned case to the Maryland Court of Special Appeals. The Defendant is indigent and requests representation by the Office of the Public Defender.

Respectfully submitted,

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[YOUR NAME AND ADDRESS]

**CERTIFICATE OF SERVICE**

**I HEREBY CERTIFY** that on [DATE], a copy of this Notice of Appeal was mailed to the Office of the State’s Attorney, [ADDRESS], and a copy was mailed to the Office of the Public Defender, Appellate Division, 6 Saint Paul Street, Suite 1302, Baltimore, Maryland 21202.

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[YOUR NAME]