

FORM 33 - NOTICE OF APPEAL BY DEFENDANT TO COURT OF APPEALS

STATE OF MINNESOTA
COUNTY OF _____

DISTRICT COURT
_____ JUDICIAL DISTRICT

_____,
Plaintiff,

NOTICE OF APPEAL BY
DEFENDANT TO COURT
OF APPEALS

vs.

District Court File No. _____

_____,
Defendant.

Date Judgment, Sentence or
Order Entered: _____

TO: Clerk of Appellate Court
230 State Capitol
St. Paul, MN 55155

State Attorney General
Address: _____
Telephone No.: _____

Clerk of District Court
Address: _____
Telephone No.: _____

Prosecuting Attorney
Address: _____
Telephone No.: _____

PLEASE TAKE NOTICE that the above-named Defendant hereby appeals to the Court of Appeals of the State of Minnesota from the following judgment or orders of the above-named District Court:

_____ Final judgment entered on the _____ day of _____, 20__;

_____ Order refusing or imposing conditions of release entered on the _____ day of _____, 20__;

_____ Order finding Defendant incompetent to stand trial entered on the _____ day of _____, 20__ (felony and gross misdemeanor cases only);

_____ Order granting a new trial instead of entering judgment in Defendant's favor, entered on the _____ day of _____, 20__. (felony and gross misdemeanor cases only);

_____ Sentence imposed on the _____ day of _____, 20__. (felony cases only.)

_____ Order denying in whole or in part a petition for postconviction relief under Minnesota Statutes, Chapter 590 entered on the _____ day of _____, 20__.

Dated: _____

(Attorney for Defendant)

Name:

Attorney License No.:

Title:

Address:

Telephone No.:

(Effective for criminal actions commenced or arrests made after 12 o'clock midnight January 1, 1990.)