

STATE OF NEW JERSEY

- v. -

**NOTICE OF APPEAL RIGHTS
AND TIME TO FILE A PETITION
FOR POST-CONVICTION RELIEF**

Defendant

I, _____, hereby certify as follows:

1. I am the defendant in the above referenced case.
2. I am being represented in this sentencing by _____ and he/she has reviewed this Form with me.
3. **Appeal Rights.** I understand that:
 - (a) An appeal means having my case reviewed by a higher court,
 - (b) I have a right to appeal my conviction(s) and sentence(s),
 - (c) I have the right to be represented by counsel for that appeal,
 - (d) If I am unable to hire 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 **45 days** of today's date, and unless I obtain a thirty-day extension of time on a showing of good cause and absence of prejudice, I will lose my right to appeal.
4. **Time Limits to File a Petition for Post-Conviction Relief.** I understand that I have **5 years** from today's date to file a petition for post-conviction relief, unless an exception to this general rule applies, as set forth in *R. 3:22-12*.
5. I am appearing before Judge _____, for sentencing today.

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.

DATED: _____

Defendant

I have reviewed this Form with defendant and I am satisfied that he/she has been fully advised of the rights it describes.

DATED: _____

Counsel for Defendant

(To Be Filled Out By Private Counsel Only)

If defendant decides to appeal and cannot afford to retain private counsel, I will direct him/her to contact the Criminal Division Manager's Office in the county of venue and complete an indigency application for appointment of the Office of the Public Defender within 45 days of today's date.

DATED: _____

Counsel for Defendant

For information on appellate representation by the Office of the Public Defender, please write to the Superior Court Criminal Case Management Office in the county where the conviction occurred:

(Complete in duplicate: one fully executed copy to be delivered to the court for the court jacket and one to be given to the defendant.)