|  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | | | | | | Superior Court of New Jersey | | | | |
| New Jersey Division of Child Protection and Permanency, | | | | | | | Chancery Division - Family Part | | | | |
| County: |  | | | |
|  | | | | | | Plaintiff, | Docket Number: FG - | | | |  |
| v. | | | | | | | NJSpirit Case #: | |  | | |
|  | | | | | | | **Civil Action**  **Acknowledgment of**  **Appeal Rights** | | | | |
| (NJSpirit Participant #: | | | | ) | | Defendant, |
|  | | | | | | |
| (NJSpirit Participant #: | | | | ) | | Defendant, |
|  | | | | | | |
| (NJSpirit Participant #: | | | | ) | | Defendant, |
|  | | | | | | |
| (NJSpirit Participant #: | | | | ) | | Defendant, |
| **In the Matter of:** | | | | | | |
|  | | | | | | |
| NJSpirit Participant #: | | | |  |  | |
| FC Docket #: | |  | | | | |
|  | | | | | | |
| NJSpirit Participant #: | | |  | |  | |
| FC Docket #: |  | | | |  | |  | | |  | |

I,                                                                           , hereby certify as follows:

1. I am the defendant in the above referenced case.

2. I am being represented in this litigation by                                                                           , and my attorney has reviewed this appeal rights form with me.

3. **Appeal Rights** -- I understand that:

1. An appeal means having my case reviewed by a higher court; and
2. I have the right to appeal the termination of my parental rights; and
3. I have the right to be represented by counsel for that appeal; and
4. If I am unable to afford private counsel for my appeal, the Office of the Public Defender will represent me or arrange for my representation, and
5. If I fail to file a notice of appeal with the Appellate Division within 21 days of today's date, I will lose my right to appeal.

4. I am appearing today before Judge                                                  .

**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.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date |  | Defendant |

**I have reviewed this Appeal Rights Form with the defendant and I am satisfied that he/she understands the rights it describes.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date |  | Attorney for Defendant |

**(To be filled out by private counsel only)**

**If defendant decides to appeal and cannot afford to continue to retain private counsel, I will notify the Office of the Public Defender within 21 days of today's date.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date |  | Attorney for Defendant |

For information on appellate representation by the Office of the Public Defender, please write to:

Office of Parental Representation

Appellate Section

31 Clinton Street, 10th Floor

Newark, New Jersey 07102

(Complete in duplicate: one fully executed copy to be delivered to the trial judge and defendant to retain the remaining copy)