

Name of Person Filing: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Day/Evening Phone Number: \_\_\_\_\_  
Attorney Bar Number (if applicable): \_\_\_\_\_  
Representing:  Self or Attorney for  Petitioner  Respondent

**SUPERIOR COURT OF ARIZONA  
MOHAVE COUNTY**

\_\_\_\_\_  
(Name of Plaintiff)

Case Number: \_\_\_\_\_

AND

**NOTICE OF APPEAL FROM  
SUPERIOR COURT**

\_\_\_\_\_  
(Name of Defendant)

**NOTICE IS HEREBY GIVEN** that the above named defendant \_\_\_\_\_,  
appeals from the: (APPELLANT)

Following judgment(s) of guilt in the above entitled case:  
entered in the Superior court, Mohave County, on \_\_\_\_\_.  
(DATE)

Following sentence(s) imposed in the above entitled case:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
entered in the Superior Court, Mohave County, on \_\_\_\_\_.  
(DATE)

Other:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
entered in the Superior Court, Mohave County, on \_\_\_\_\_.  
(DATE)

**DATED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Defendant, Attorney for Defendant or Prosecutor's Signature

**ATTACHMENT**

1. The name and address of the defendant or defendants who appeal or against whom the state appeals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Defendant was represented by the following lawyers at (provide name of counsel and counsel's address, if known):

Trial of change of plea: \_\_\_\_\_  
\_\_\_\_\_

Sentencing hearing: \_\_\_\_\_  
\_\_\_\_\_

Appeal (if any): \_\_\_\_\_  
\_\_\_\_\_

Previous Rule 32 Proceedings (if any): \_\_\_\_\_  
\_\_\_\_\_

3. Defendant is presently represented by a lawyer.  Yes  No  
If yes, provide name and address):

\_\_\_\_\_  
\_\_\_\_\_

If no, does the defendant request the court to appoint a lawyer for this proceeding?  
 Yes  No

4. The name and address of any co-defendants at trial. (If the address is known, please state):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT OF INDIGENCY**

**OATH OR AFFIRMATION**

STATE OF ARIZONA )  
 ) ss.  
County of Mohave )

I have requested the appointment of a lawyer to represent me in question 3. I swear under oath and penalty of perjury that I am indigent and because of my poverty I am financially unable to pay for the cost of a lawyer to represent me without incurring substantial hardship to myself or my family.

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

Sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

by \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public / Deputy Clerk