



NOTICE OF APPEAL

Greenville Municipal Court

426 North Main St., Greenville, SC 29601

To request an appeal of a disposition imposed by Greenville Municipal Court, you must file a written *Notice of Appeal* within 10 calendar days from the date you were found guilty. Calendar days include Saturdays, Sundays and holidays; if the 10th day falls on a Saturday, Sunday or holiday, you may file the appeal the next regular business day.

Information Included in Notice

On the form, please be sure to provide the following information:

1. Your name (*Defendant*)
2. Ticket/Warrant Number(s)
3. Name of the judge who found you guilty (in the blank after *Honorable*)
4. Date you were found guilty (i.e. 4th day of March, 2009)
5. Ordinance/Statute Number (in the blank after §)
6. Charge description (in the blank after *Ordinance/Statute Number*)
7. Amount you paid (in the blank after \$)
8. Reason(s) for the appeal

How to File the Notice

You can submit the form in person at Greenville Municipal Court, within 10 calendar days of your trial date, between 8:00 a.m. and 5:00 p.m. Monday through Friday. You can also mail the original copy of the form to:

Greenville Municipal Court
426 North Main Street
Greenville, SC 29601

NOTE: If your *Notice of Appeal* is not received within 10 calendar days of your trial date, your right to appeal will be considered waived.

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|-------------------------|---|--------------------------|
| STATE OF SOUTH CAROLINA |) | |
| |) | IN THE MUNICIPAL COURT |
| CITY OF GREENVILLE |) | |
| |) | |
| VS. |) | |
| |) | Notice of Appeal |
| _____ |) | |
| Defendant |) | _____ |
| |) | Ticket/Warrant Number(s) |

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PLEASE TAKE NOTICE that the above-named defendant appeals the disposition imposed by the Honorable _____, Municipal Court Judge, on the _____ day of _____, 20 _____, wherein the defendant was found guilty of violating § _____ and assessed a forfeiture in the amount of \$ _____ including costs/assessments.

The defendant at this time requests an appeal on the grounds of:

Signed this _____ of _____, 20 _____.

By Defendant: _____

Address: _____

City: _____ State _____ Zip Code _____