

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number and address</i>): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT/APPELLANT (<i>Name</i>):	
PROPOSED STATEMENT ON APPEAL (Infraction)	CASE NUMBER:

Defendant/Appellant (*name*): _____ submits the following *Proposed Statement on Appeal*:

GROUND FOR APPEAL

1. (*Specify in detail your reasons for why you feel the judge committed "error" regarding the law or procedure. Note that credibility of witnesses is generally **not** a basis for appeal*):
 - a.
 - b.
 - c.
 - d.
 - e.
 - f.

STATEMENT OF EVIDENCE

2. The above-entitled matter was reported by an official court reporter or electronically recorded and appellant intends to file a reporter's transcript of the evidence and proceedings so reported and to make the transcript appellant's statement on appeal.
3. Instead of a transcript the appellant is submitting the following statement on appeal:
 - a. Officer (*name*): _____ testified that (*set forth accurately and in detail the testimony of the officer; do not comment on or give your opinion regarding the officer's testimony*):

PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT APPELLANT (<i>Name</i>):	CASE NUMBER:
--	--------------

3. (*Continued*)

b. Defendant testified that (*set forth defendant's testimony accurately and in detail*):

c. Witness (*name*):
detail:

was called and testified that (*set forth witness's testimony accurately and in detail*):

(Continued on page three)

PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT/APPELLANT (Name):	CASE NUMBER:
---	--------------

3. c. (Witness testimony continued)

<p>Please attach separate page(s) labeled "Attachment 3d," "Attachment 3e," etc. for each other witness.</p>
--

FINDINGS OF THE COURT

4. The court determined I was guilty and assessed a fine of: \$

5. Number of pages attached:

Date:

.....
 (TYPE OR PRINT NAME)



 (SIGNATURE OF DEFENDANT/APPELLANT OR ATTORNEY)

(Proof of service on reverse)

PEOPLE OF THE STATE OF CALIFORNIA vs. DEFENDANT/APPELLANT (Name):	CASE NUMBER:
---	--------------

DIRECTIONS: A copy of this document must be mailed to the district attorney/city attorney at the address listed below. **YOU MAY NOT PERFORM THE MAILING YOURSELF.** You must have a party who is at least 18 years old complete the information below and mail the front and back of each page of this document by first class mail, postage prepaid. When the fronts and backs of this document have been completed and mailed, the original may then be filed with the court.

PROOF OF SERVICE BY MAIL

1. I am over the age of 18 and NOT a party to this action. I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is (*specify*):

3. I served a copy of the *Proposed Statement on Appeal* by enclosing it in an envelope AND
 - a. **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
 - b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. The envelope was addressed and mailed as follows:
 - a. (*Name of county*): District Attorney/City Attorney
 - b. Address:

 - c. Date mailed:
 - d. Place of mailing (*city and state*):
5. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

..... (TYPE OR PRINT NAME)  _____ (SIGNATURE OF DECLARANT)