NOTICE OF APPEAL - CRIMINAL

l Not eligible for	DATE JUDGE
[] Release on \$	ORDER FOR STAY OF BAIL DETERMINATION ORDER [] The request for stay of execution of the bail determination order is [] granted, upon good cause shown, and the bail determination order is stayed until
by	NOTICE: Promptly communicate with the Clerk of the Circuit Court of this jurisdiction concerning the subpoenaing of witnesses and any need for interpreters, concerning your right of representation by a lawyer if you do not have a lawyer, and, if you are appealing a conviction, if you wish to request a jury trial. If your case is scheduled for trial, you MUST be present and ready for trial at the "date and time of appearance" shown above.
	NAME OF ATTORNEY FOR DEFENDANT APPELLANT by ATTORNEY FOR APPELLANT DEFENDANT
***************************************	DATE OF APPEAL APPELLANT DEFENDANT
I, the un	APPELLANT PROSECUTING ATTORNEY I promise to appear before the Circuit Court of this jurisdiction at the date and time shown.
	WARNING TO DEFENDANT—You are subject to trial and conviction in your absence if you fail to appear for your trial in the Circuit Court. Failure to appear for your trial shall be deemed a waiver of your right to trial by jury in this case. Failure to appear may also constitute a separate criminal offense.
***************************************	I understand that if this is an appeal of a conviction and it is withdrawn within 10 days after my conviction in this District Court, no additional costs will be taxed against me; otherwise, additional costs will be incurred in Circuit Court. I also understand that upon withdrawal of that appeal, I am subject to the terms of my sentence.
	at STREET ADDRESS OF CIRCUIT COURT TELEPHONE [] I am requesting a stay of the execution of the bail determination order.
Defe	On
	I, the undersigned, appeal [] my conviction [] the determination on bail to the Circuit Court of this city or county. I understand that this appeal may be withdrawn at any time prior to the hearing date set for this case. This case is scheduled to be called for [] hearing on appeal of determination of bail [] trial [] setting of trial date
[] City [] Commonwealth	DATE OF CONVICTION OR BAIL DETERMINATION
A CONTRACTOR OF THE CONTRACTOR	CITY OR COUNTY General District Court
CASE NO.	Commonwealth of Virginia VA. CODE §§ 16.1-132, 16.1-133, 19.2-124

(UNSECURED)	OURT USE ONLY	ATTORNEY FOR THE APPELLANT	APPELLANT	DATE	I, the undersigned, withdraw my appeal in this case	WITHDRAWAL	TELEPHONE NUMBER		ADDRESS	APPELLANT	ORIGINAL CHARGB	DEFENDANT'S NAME (LAST, FIRST, MIDDLE)	V.		NOTICE OF APPEAL	ASE NO.
			OURT USE ONLY	by	DATE APPELLANT byATTORNEY FOR THE APPELLANT OURT USE ONLY	I, the undersigned, withdraw my appeal in this case DATE DATE APPELLANT byATTORNEY FOR THE APPELLANT OURT USE ONLY	I, the undersigned, withdraw my appeal in this case DATE APPELLANT by ATTORNEY FOR THE APPELLANT OURT USE ONLY	TELEPHONE NUMBER WITHDRAWAL I, the undersigned, withdraw my appeal in this case DATE APPELLANT by ATTORNEY FOR THE APPELLANT OURT USE ONLY	TELEPHONE NUMBER WITHDRAWAL I, the undersigned, withdraw my appeal in this case DATE APPELLANT by ATTORNEY FOR THE APPELLANT OURT USE ONLY	TELEPHONE NUMBER WITHDRAWAL I, the undersigned, withdraw my appeal in this case DATE APPELLANT byATTORNEY FOR THE APPELLANT OURT USE ONLY	APPELLANT TELEPHONE NUMBER WITHDRAWAL I, the undersigned, withdraw my appeal in this case DATE APPELLANT by ATTORNEY FOR THE APPELLANT by ATTORNEY FOR THE APPELLANT	APPELLANT ADDRESS ADDRESS TELEPHONE NUMBER WITHDRAWAL I, the undersigned, withdraw my appeal in this case DATE APPELLANT by ATTORNEY FOR THE APPELLANT by ATTORNEY FOR THE APPELLANT	ORIGINAL CHARGE APPELLANT APPELLANT ADDRESS ADDRESS WITHDRAWAL I, the undersigned, withdraw my appeal in this case DATE APPELLANT By ATTORNEY FOR THE APPELLANT by ATTORNEY FOR THE APPELLANT	ORIGINAL CHARGE ORIGINAL CHARGE APPELLANT ADDRESS ADD	County [] Town of V. DEFENDANT'S NAME (LAST, FRIST, MIDDLE) APPELLANT APPELLANT TELEPHONE NUMBER WITHDRAWAL I, the undersigned, withdraw my appeal in this case DATE DATE DATE DATE DATE OURT USE ONLY	Commonwealth of Virginia City County Town of County Town of County County County Town of V. DEFENDANTS NAME (LAST, FEST, MIDDLE) ORIGINAL CHARGE APPELLANT APPELLANT APPELLANT Ly the undersigned, withdraw my appeal in this case DATE APPELLANT by ATTORNEY FOR THE APPELLANT by BY BY by BY