

**SENTENCE APPEAL  
WITHDRAWAL**

DOCKET NUMBER

**Trial Court of Massachusetts  
The Superior Court**



In the matter of:

Maura A. Hennigan, Clerk of Courts

TO:

Suffolk Superior Criminal Court  
Three Pemberton Square, Room 1403  
Boston, MA 02108  
Attention: Appellate Division

"This form is to be used for the withdrawal of sentence appeals to the Appellate Division and will not be considered as a request for a continuance of a sentence appeal."

I hereby withdraw my appeal to the Appellate Division for a review of the sentence(s) imposed upon me

\_\_\_\_\_ by the Superior Court in the County of  
(Date sentence was imposed)

Dated: Appellants Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

(Attorney for Appellant/ Officer of Institution)