

ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: Alfonso O. Lopez FIRM NAME: Law Office of the Alternate Defender STREET ADDRESS: 701 Miller Street CITY: San Jose TELEPHONE NO.: (408)299-7207 E-MAIL ADDRESS: alfonso.lopez@ado.sccgov.org ATTORNEY FOR (name): Antolin Garcia Torres	STATE BAR NO.: 203564 STATE: CA ZIP CODE: 95110 FAX NO.: (408)298-2516	FOR COURT USE ONLY  <b>ENDORSED FILED</b>  2017 DEC 14 P 2:11  CLERK OF THE COURT SUPERIOR COURT OF CA COUNTY OF SANTA CLARA BY <u>P. Soto</u> DEPUTY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA		
PEOPLE OF THE STATE OF CALIFORNIA vs. Defendant: Antolin Garcia Torres Date of birth: 03/30/1991 Cal. Dept. of Corrections and Rehabilitation No. (if any): _____		
NOTICE OF APPEAL—FELONY (DEFENDANT) (Pen. Code, §§ 1237, 1237.5, 1538.5(m); Cal. Rules of Court, rule 8.304)		CASE NUMBER: 213515

### NOTICE

- You must file this form in the SUPERIOR COURT WITHIN 60 DAYS after the court rendered the judgment or made the order you are appealing.
- **IMPORTANT:** If your appeal challenges the validity of a guilty plea, a no-contest plea, or an admission of a probation violation, you must also complete the Request for Certificate of Probable Cause on page 2 of this form. (Pen. Code, § 1237.5.)

1. Defendant appeals from a judgment rendered or an order made by the superior court.

NAME of defendant: Antolin Garcia Torres

DATE of the order or judgment: 12/12/2017

2. Complete either item a. or item b. Do not complete both.

a. If this appeal is after entry of a plea of guilty or no contest or an admission of a probation violation, check all that apply:

- (1)  This appeal is based on the sentence or other matters occurring after the plea that do not affect the validity of the plea. (Cal. Rules of Court, rule 8.304(b).)
- (2)  This appeal is based on the denial of a motion to suppress evidence under Penal Code section 1538.5.
- (3)  This appeal challenges the validity of the plea or admission. (You must complete the Request for Certificate of Probable Cause on page 2 of this form and submit it to the court for its signature.)
- (4)  Other basis for this appeal (you must complete the Request for Certificate of Probable Cause on page 2 of this form and submit it to the court for its signature) (specify):

b. For all other appeals, check one:

- (1)  This appeal is after a jury or court trial. (Pen. Code, § 1237(a).)
- (2)  This appeal is after a contested violation of probation. (Pen. Code, § 1237(b).)
- (3)  Other (specify): All grounds determine by appellant counsel.

3.  Defendant requests that the court appoint an attorney for this appeal. Defendant  was  was not represented by an appointed attorney in the superior court.

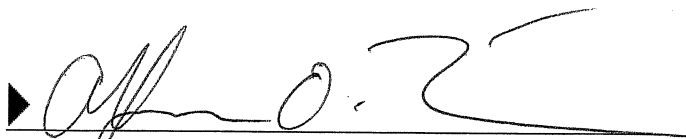
4. Defendant's mailing address is:  same as in attorney box above.

as follows:  
Department of Correction, location to be determine.

Date: 12/14/2017

Alfonso O. Lopez, Deputy Alternate Defender

(TYPE OR PRINT NAME)

  
(SIGNATURE OF DEFENDANT OR ATTORNEY)

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