

**Instructions**

- 1. Complete the form below. (Contact the Rockbridge County Circuit Clerk’s Office at (540) 463-2232 if you require assistance.)
- 2. Either deliver this form in person to the Rockbridge County Circuit Court Clerk’s Office, or you may sign the form in the presence of a notary public and then mail notarized form to...

**Rockbridge County Circuit Clerk’s Office  
20 S. Randolph St Suite #101  
Lexington, VA 24450**

*\*Notarized form with your original signature must be received by the Circuit Court clerk’s office at least 24 hours prior to your scheduled court date.*

**Case No:** \_\_\_\_\_  
[OPTIONAL-CLERK CAN COMPLETE]

**WITHDRAWAL OF MISDEMEANOR APPEAL REQUEST LETTER**

Pursuant to Rule 5:21(a)(11), Rules of the Supreme Court of Virginia

I, \_\_\_\_\_ [FULL PRINTED NAME], by myself or by counsel, do hereby request the withdrawal of my appeal(s) of misdemeanor and/or traffic charge conviction(s) issued by Lexington/Rockbridge General District Court on \_\_\_\_\_ [DATE OF ORIGINAL CONVICTION].

The appeal I ask to be withdrawn was scheduled to be heard in Rockbridge County Circuit Court on \_\_\_\_\_ [DATE YOUR APPEAL WAS TO BE HEARD].

I understand that the filing of this withdrawal notice will terminate my appeal and the sentence originally imposed in the District Court will be affirmed.

If further information is needed, I can be reached at

_____ [phone]	_____ [address]
_____ [email]	_____
	_____

\_\_\_\_\_  
Signature

**\*\*\* ACKNOWLEDGEMENT \*\*\***

State of \_\_\_\_\_  
County/City of \_\_\_\_\_

This instrument was signed or acknowledged before me on \_\_\_\_\_ [date]

by \_\_\_\_\_ [printed name of signatory]

\_\_\_\_\_  
Notary or Circuit Court Clerk Signature

{ Seal/Stamp }