

INSTRUCTIONS: Failure to properly complete this application may result in its denial. Provide all requested information by completely filling in all blank spaces. You must sign your name before a Notary Public. Mail the original to this Court and a copy to the appropriate District Attorney. Keep one copy for your records. Motions are made returnable on a Monday after proper service upon the District Attorney.

**Supreme Court of the State of New York
Appellate Division: Second Judicial Department**

The People of the State of New York

**NOTICE OF MOTION FOR LEAVE TO
PROSECUTE THE APPEAL AS A POOR
PERSON & ASSIGNMENT OF COUNSEL**

v

Appellate Division Docket No.

Indictment/SCI No.:

Defendant-Appellant.

Please take notice that upon the annexed affidavit of _____, dated _____, the defendant-appellant moves for permission to appeal as a poor person and for assignment of counsel.

Dated: _____, New York
_____, 20__

To:

District Attorney, _____ County

Address of District Attorney

Signature of Defendant-Appellant

Print name: _____

Address: _____

Email Address: _____

Telephone No.: _____

Affidavit in Support of Motion

State of New York)
County of _____) ss.:

_____, being duly sworn, deposes and says, I have read the following questions or, they were read to me, and have supplied the following answers which I state are true, to the best of my knowledge and belief, subject to the penalties prescribed by law for perjury.

1. My date of birth is: _____

2. My current address is:

3. My DIN is: _____

4. I was convicted in _____ Court, County of _____, on _____ *(date sentenced)* for the crime(s) of _____ after
(check one): a plea of guilty or trial by (check one): jury non-jury.

5. Name and address of trial counsel:

6. Was that attorney assigned or retained?

7. If retained, please state the amount paid to counsel, the source of the funds for such retention and explain why similar funds are not available to retain appellate counsel.

8. Are you in custody? Yes No

9. Were you released on bail during the trial proceedings? Yes No
or after being sentenced? Yes No

If yes, please state the amount of the bail posted and explain why the funds used to post such bail are not available to retain appellate counsel:

10. Prior to my incarceration, I was employed at _____ earning \$_____ per week in income.

11. I am unable to pay the costs, fees, and expenses necessary to prosecute the appeal. I currently earn \$_____ per week in income.

12. Do you collect unemployment? Yes No If yes, please provide the amount and anticipated duration of collection:

13. Do you collect a pension? Yes No If yes, please provide the amount and anticipated duration of collection:

14. Do you receive financial support from anyone? Yes No If yes, please provide the name, relationship and address of this person or persons and the amount of support provided to you:

15. Do you provide financial support to anyone? Yes No If yes, please provide the name, relationship and address of this person or persons and the amount of support you provide:

16. Do you own a motor vehicle(s)? Yes No If yes, please provide the current value and the amount of any existing loan(s):

17. Do own real estate? Yes No If yes, please provide the current value and the amount of the mortgage and/or liens:

18. Do have any bank accounts in your name? Yes No If yes, please, for each account, describe the type of account, the name of the bank, and the account balance:

19. Do have any other sources of income? Yes No If yes, please describe the source and the value:

20. On the _____ day of _____, 20____, I mailed a completed copy of this form to the District Attorney, _____ County, at

Your signature

(PRINT your name and address)

Sworn to before me this _____
day of _____, 20__

Notary Public