

STATE OF NEW YORK  
APPELLATE DIVISION

SUPREME COURT  
THIRD DEPARTMENT

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**THE PEOPLE OF THE STATE OF NEW YORK**

v

**Application for  
Leave to Appeal  
Pursuant to CPL 460.15**

\_\_\_\_\_  
**Defendant.**  
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Please take notice that, pursuant to CPL 460.15, application will be made to a Justice of the Supreme Court, Appellate Division, Third Department, at the next motion day of said court more than 13 days after service hereof, at the City of Albany, New York, for an order granting leave to appeal from the order of the County Court, \_\_\_\_\_ County, which denied a post-conviction motion.

**AFFIDAVIT IN SUPPORT OF MOTION**

STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_ ss.:

\_\_\_\_\_, being duly sworn, deposes and says:

1. I seek leave to appeal from an order of the County Court of \_\_\_\_\_ County, dated \_\_\_\_\_, which denied my application for post-conviction relief Attached are copies of:
  - A. My application to County Court for post-conviction relief, dated \_\_\_\_\_.
  - B. Affidavit or affirmation of \_\_\_\_\_, District Attorney/ Assistant District Attorney of \_\_\_\_\_ County, dated \_\_\_\_\_, in opposition.
  - C. Decision of Judge \_\_\_\_\_, dated \_\_\_\_\_, which denied my application.
  - D. Order dated \_\_\_\_\_.<sup>1</sup>

\_\_\_\_\_  
<sup>1</sup> County Court may have issued a decision on your application for post-conviction relief and, thereafter, entered an order on that decision. If so, attach copies of both documents. If, however, County Court denied your application in a combined decision-order, attach only a copy of that document.

2. The denial of my post-conviction application was error for the following reasons:

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3. The contentions that I will raise on this appeal, if leave to appeal is granted, have not previously been presented and passed upon by this or any other appellate court.

4. A copy of this application is being sent by mail to the District Attorney of \_\_\_\_\_ County this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ .

\_\_\_\_\_  
(Signature)

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day

of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public