

**STATE OF NEW YORK
SUPREME COURT, APPELLATE DIVISION
THIRD JUDICIAL DEPARTMENT
P.O. BOX 7288, CAPITOL STATION
ALBANY, NY 12224**

INSTRUCTIONS FOR ALL PURPOSE MOTION

Please fill in the underlined spaces on the following form with answers appropriate to your motion. Motions are returnable in this Court on a Monday (or, if a Monday falls on a holiday, on the next business day). You must give 13 days' notice (prior to the return date) if you serve your adversary (or adversaries) by mail or eight days' notice if you use personal service. Return the original motion papers to this office (addressed to Supreme Court, Appellate Division, Third Judicial Department, P.O. Box 7288, Capitol Station, Albany, NY 12224-0288), serve your adversary (or adversaries) with one copy, and provide this office with proof of service.

If any adversary is represented by an attorney, service should be made upon the attorney rather than the adversary. You should attach to your papers a copy of your notice of appeal, a copy of the order or judgment appealed from, and a copy of the written decision upon which the order or judgment was based. Unless you have previously been granted permission to proceed as a poor person by this Court, you must also enclose with the original motion papers either a bank check or money order (made payable to the State of New York) in the amount of \$45 as payment of the motion filing fee or a motion for permission to proceed as a poor person.

STATE OF NEW YORK
APPELLATE DIVISION

SUPREME COURT
THIRD DEPARTMENT

_____,

MOTION FOR

v

Appellate Division Case No.

_____,

PLEASE TAKE NOTICE that, upon the annexed affidavit, sworn to the _____ day of _____, 20____, a motion will be made at a term of this Court to be held in the City of Albany, New York, on the _____ day of _____, 20____, for an order (*Specify relief which you seek.*):

Dated: _____

(Signature) _____

(Print Name) _____

(Address) _____

(Telephone) _____

PLEASE TAKE NOTICE that, pursuant to section 1250.4 (a) (7) and (8) of the Practice Rules of the Appellate Division, this motion will be submitted on the papers, and the personal appearance of counsel or the parties is neither required nor permitted.

AFFIDAVIT IN SUPPORT OF MOTION

STATE OF NEW YORK

COUNTY OF _____ ss.:

_____, being duly sworn, deposes and says:

1. I am the _____ in the above-entitled action.

I have appealed to the Appellate Division from an order or judgment of the _____

Court of _____ County, dated _____ .

(Specify the status of the appeal.)

2. By this motion I seek the following relief:

3. The grounds for the motion and reasons the relief should be granted are:

(Attach additional documentation, if necessary)

(Signature) _____

(Print Name) _____

Sworn to before me this _____

day of _____, 20 ____ .

Notary Public

AFFIDAVIT OF SERVICE OF MAILING

STATE OF NEW YORK)
COUNTY OF _____) ss.:

_____, being duly sworn, deposes and says:

On the _____ day of _____, 20____, I served a true copy of the annexed notice of motion and supporting affidavit by mailing the same in a sealed envelope, with postage prepaid thereon, in a post office or official depository of the U.S. Postal Service within the State of New York, addressed to the last known addressee(s) as indicated below:

(Insert here the name[s] and address[es] of the person[s] to whom you are mailing the papers being filed with this Court. If necessary, attach extra pages for additional names and addresses.)

Name & Address	Name & Address

(Signature) _____

(Print Name) _____

Sworn to before me this _____

day of _____, 20____.

Notary Public