

Please fill in the underlined spaces on the following form with answers appropriate to your application. Applications 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 use mail to serve the District Attorney of the County in which you were convicted or eight days' notice if you use personal service. Return the original application papers to this office (addressed to Supreme Court, Appellate Division, Third Judicial Department, P.O. Box 7288, Capitol Station, Albany, NY 12224-0288), serve the office of the District Attorney with one copy, and provide this office with proof of service.

STATE OF NEW YORK SUPREME COURT
APPELLATE DIVISION THIRD DEPARTMENT

THE PEOPLE OF THE STATE OF NEW YORK,

v

**NOTICE OF
APPLICATION FOR
LEAVE TO APPEAL**
Pursuant to CPL 460.15

_____,
Defendant.

PLEASE TAKE NOTICE that, upon the annexed affidavit, sworn to the _____ day of _____, 20____, an application pursuant to CPL 460.15 will be made to a Justice of the Supreme Court, Appellate Division, Third Judicial Department, at a term of this Court to be held in the City of Albany, New York on the _____ day of _____, 20____, for an order granting leave to appeal from the order of _____ County Court, dated _____, 20____, which denied a postconviction 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, dated _____, which denied my application for post-conviction relief. Attached are copies of:

- a. My application to County Court for postconviction relief, dated _____ ;
- b. Affidavit or affirmation of _____ , District Attorney/ Assistant District Attorney of _____ County, dated _____ , in opposition;
- c. Decision of Judge _____ , dated _____ ;
- d. Order dated _____ .¹

2. The denial of my postconviction application was error for the following reasons:

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.

(Signature) _____
(Print Name) _____

Sworn to before me this _____ day of _____ , 20 ____ .

Notary Public

¹ County Court may have issued a decision on your application for postconviction 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. Also attach a copy of the papers that had been submitted to County Court, both by you and by the office of the District Attorney, in connection with your postconviction motion.

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 application 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