

**DIRECTIONS:** 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 on page 4 before a Notary Public. File the original application with this Court together with proof of service of a copy of the application upon the appropriate District Attorney. The proof of service, located on page 5, must also be signed before a Notary Public. Keep one copy of the application for your records. Applications are treated as motions and made returnable on a Monday after proper service upon the District Attorney.

**Note:** A timely filed notice of appeal is required for this application to be considered.

STATE OF NEW YORK SUPREME COURT  
APPELLATE DIVISION THIRD DEPARTMENT

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

Respondent,

v

APPLICATION FOR  
POOR PERSON  
STATUS AND  
ASSIGNMENT OF  
COUNSEL

Indictment/SCI No.:

\_\_\_\_\_  
Appellant.

\_\_\_\_\_  
Please take notice that application will be made to this Court, at the next available motion day of said Court, in the City of Albany, New York, for an order granting poor person status and assignment of counsel.

**AFFIDAVIT IN SUPPORT OF MOTION**

STATE OF NEW YORK

COUNTY OF \_\_\_\_\_ ss.:

\_\_\_\_\_, being duly sworn, deposes and says  
that I am the appellant and I make this affidavit in support of my application for poor person status and assignment of counsel.

1. My date of birth is:

\_\_\_\_\_

2. My address is:

\_\_\_\_\_

\_\_\_\_\_

3. My DIN # is (if assigned):

\_\_\_\_\_

4. I am appealing from a judgment of conviction and resulting sentence or resentence, having been convicted after a trial \_\_\_\_\_ or after a plea of guilty \_\_\_\_\_ (Check only one.)

a. I was convicted of the following crimes:

\_\_\_\_\_  
\_\_\_\_\_

b. I was convicted in the following county: \_\_\_\_\_

c. I was sentenced on: \_\_\_\_\_

d. I was represented by attorney: \_\_\_\_\_

e. Was that attorney assigned by the trial court? Yes \_\_\_\_\_ No \_\_\_\_\_

f. If your attorney was **not** assigned, please state the amount of the fee paid and who paid the fee?

\_\_\_\_\_  
\_\_\_\_\_

5. If you are **not** appealing from a judgment of conviction and sentence or resentence, please state what you are appealing? \_\_\_\_\_

\_\_\_\_\_

6. Were you released on bail **after** being sentenced? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes" please state the amount and give the name of the person who provided the money or collateral and who paid the premium on the bond. \_\_\_\_\_

\_\_\_\_\_

7. I am single: \_\_\_\_\_ married: \_\_\_\_\_ separated: \_\_\_\_\_ divorced: \_\_\_\_\_

8. Do you receive support from anyone? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes" please provide the name, relationship, address, and amount of support provided to you.

\_\_\_\_\_

9. Are you employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes" please state your weekly salary and provide the name and address of your employer. Please provide a copy of your most recent pay stub.

\_\_\_\_\_

\_\_\_\_\_

10. Do you support anyone? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes" please provide the name, relationship, address, and the amount of support you provide. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Do you own real estate either by yourself or with someone else? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes" please provide the following information:

a. Other owner(s) (if any): \_\_\_\_\_

b. Location (street address; mailing address; Town; County; State):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Current value, including improvements: \_\_\_\_\_

d. Existing mortgages and/or liens (Attach additional sheet if required):

i. Name of bank, mortgagee, or lien holder: \_\_\_\_\_  
\_\_\_\_\_

ii. Balance due: \_\_\_\_\_

12. List the location and amount of any savings or checking accounts in your name or jointly with others (Attach additional sheet if required):

<u>Location (Bank)</u>	<u>Type</u>	<u>Owners</u>	<u>Balance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. List any stocks, bonds, trusts or cash on hand owned by you or in which you have any benefit and give the type, location and value of each (Attach additional sheet if required):

\_\_\_\_\_  
\_\_\_\_\_

14. Please state the year, make, model and value of any motor vehicle(s) owned by you and the amount of any existing loan(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

15. Do you own any other assets not listed above? Yes \_\_\_\_\_ No \_\_\_\_\_

16. If "yes", please describe the asset and state its value (Attach additional sheet if required):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. My monthly income and expenses are as follows:

INCOME:

My salary or wages \_\_\_\_\_

My spouse's salary or wages \_\_\_\_\_

Other income \_\_\_\_\_

**TOTAL** \_\_\_\_\_

EXPENSES:

Rent or mortgage payment \_\_\_\_\_

Food \_\_\_\_\_

Utilities (heat, telephone, water, electric, cable) \_\_\_\_\_

Automobile expenses \_\_\_\_\_

Premiums on life or medical insurance policies \_\_\_\_\_

Repayment of loans \_\_\_\_\_

Name of creditor and amount \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other obligations, including alimony and/or support \_\_\_\_\_

**TOTAL** \_\_\_\_\_

18. Do you authorize the Court to make any inquiries or investigation concerning the answers given by you in this affidavit? Yes \_\_\_\_\_ No \_\_\_\_\_

19. Did someone else complete this form on your behalf? Yes \_\_\_\_\_ No \_\_\_\_\_

20. If "yes" to question 19, were the questions and answers read to you and are your answers true? Yes \_\_\_\_\_ No \_\_\_\_\_

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

(Print Name) \_\_\_\_\_

DIN \_\_\_\_\_

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 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