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

INSTRUCTIONS FOR RESPONDENT MOVING FOR PERMISSION TO PROCEED AS A POOR PERSON AND FOR ASSIGNMENT OF COUNSEL ON A FAMILY COURT APPEAL

- 1) At the top of the attached form is a Notice of Motion. The title of the case should be placed on the left hand side of the form and it should be written as the title appeared on the order or judgment appealed from. This is the caption. Below the caption is a sentence which begins "Please take notice...". The first date to be filled in is the date the attached affirmation in support of the motion was dated. The second date to be filled in is the return date of the motion, which should be a Monday after service of the motion papers upon all parties as described in paragraph 2 below.
- The motion papers should be served on all parties (if a party is represented by an attorney, service of a copy should be made upon the attorney) on the County Attorney of the County in which the papers from the lower court were filed, and any Attorney for the Child. If service of the motion papers is done by personal delivery, the motion should be made returnable on a Monday at least eight (8) days after the motion papers are delivered. If service of the motion papers is done by mail, the motion should be made returnable on a Monday at least thirteen (13) days after the motion papers are mailed.
- As soon as possible after service of copies of the motion papers, the original motion papers, as well as proof that you have served the motion papers on the other parties, the County Attorney and the Attorney for the Child, should be forwarded to this office. If the motion is being made in connection with an appeal to this Court, you should also attach to the motion papers a copy of the order or judgment being appealed from, the decision, if any, upon which the order or judgment was based, and a copy of the notice of appeal.
- 4) THERE WILL NOT BE ORAL ARGUMENT ON THE RETURN DATE OF THE MOTION.

Please fill in the <u>underlined</u> spaces in the following form. Return the <u>original</u> to this Court, forward <u>one</u> copy to each of the other parties, forward <u>one</u> copy to the County Attorney, one copy to any Attorney for the Child and keep <u>one</u> copy for your records.

STATE OF NEW YORK	SUPREME COURT	
APPELLATE DIVISION	THIRD DEPARTMEN	<u>T</u>
IN THE MATTER OF	,	NOTICE OF MOTION BY RESPONDENT FOR
V	Petitioner(s) ,	PERMISSION TO PROCEED AS A POOR PERSON/ ASSIGNMENT OF COUNSEL ON APPEAL OF AN ORDER OF FAMILY COURT
•		Family Court Docket No./ Index No.:
		Appellate Division Case No.:
ı	Respondent(s) .	
	-	firmation dated on the day of
, 20	, a motion will be n	nade to this Court, on the day of
, 20	, in the City of Alba	ny, New York for an order granting the
respondent permission to proce	ed as a poor person, upo	on the appeal.
Dated:		
	(Signature)	
	(Drint Names)	
	(Address)	
	•	ur name, address and telephone number)
DI	N (if applicable)	
	(Telephone)	

PLEASE TAKE NOTICE that, pursuant to 22 NYCRR 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.

AFFIRMATION IN SUPPORT OF MOTION

1.	Му	full name and date of birth is:			
2.	Wi	What is the nature of the above-entitled proceeding?			
3.		I am responding to an appeal from a judgment/order of the County Court, which provides as follows:			
4.	<u></u>	Were you represented by counsel in the court below? Yes No If yes, give counsels name and address:			
	b. c.	Was counsel assigned or retained? Assigned Retained If you were represented by retained counsel in the court below, state the name and address of the person who paid his/her fee and the amount.			
5.	5. What relief are you seeking by this motion?				
6.	Are	e you able to pay the costs, fees and expenses necessary to respond to the appeal?			
		Yes No No			

7.	What is your occupation? If you are a student, indicate the school which you attend and the name and address of the person who is paying your tuition, room and/or board.
8.	Are you are employed? Yes No No If yes, state your weekly salary and provide the name and address of your employer. Please provide a copy of your most recent pay stub.
9.	If married and your spouse is employed, what is his/her weekly gross salary and the name and address of his/her employer?
	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 and the amount of support provided to you.

11.	Do	you provide financial support to anyone? Yes No
	If ye	es, please provide the name, relationship and address of the person or persons and the
	amo	ount of support you provide.
	-	
12.	Do	you own real estate either by yourself or with someone else? Yes No
	,	es, 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 necessary):		
		Name of bank, mortgagee or lien holder:
		2. Balance due:

13.	List the location and amount of any savings or checking accounts held in your name or jointly with others (attach additional sheet, if necessary):					
	Location (Bank)	<u>Type</u>	Owner(s)	<u>Balance</u>		
14.	List any stocks, bonds, trusts or cash on hand owned by you in which you have any benefit and give the type, location and value of each (attach additional sheet, if necessary):					
15.	Please state the year, make, model and value of any motor vehicle(s) owned by you and the amount of any existing loan(s):					
16.	Do you own any other assets not listed If yes, please describe the asset(s) and		es No ue (attach additional sh	eet, if necessary):		

17. My monthly income and expenses are as follows:				
INCOME:				
My salary				
My spouse's salary (if applicable)				
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 maintenance and / or support				
TOTAL				
18. Is any other person beneficially interested in any recovery sought herein?	Yes	No		
If so, is such person able to pay the costs, fees and expenses				
	Yes	No		
19. Do you authorize the Court to make any inquiries or investigation concer	ning the answers			
given by you in this affirmation?	Yes	No		
20. Did someone else complete this form on your behalf?	Yes	No		
If yes, were the questions and answers read to you and are your answer	s true?			
	Yes	No		
I affirm thisday of, under the penaltic	s of perjury under			
the laws of New York, which may include a fine or imprisonment, that the foregoing is true,				
and I understand that this document may be filed in an action or proceeding	ng in a court of law	·.		
(Signature)				
(Print Name)				

AFFIRMATION OF SERVICE OF MAILING

On the day of		, 20	, I served a true copy of the	
annexed notice of motion and supporting affirmation by mailing the same in a sealed envelope, with				
postage prepaid thereon, in a p	ost office or officia	al depository of	the U.S. Postal Service within the	
State of New York, addressed t	o the last known a	address(es) as	indicated below:	
(Insert below 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 & Addres	s		Name & Address	
l offices this day of		مام میں		
			r the penalties of perjury under	
the laws of New York, which may include a fine or imprisonment, that the foregoing is true,				
and I understand that this document may be filed in an action or proceeding in a court of law.				
(Signatura)				