

**APPELLATE DIVISION THIRD DEPARTMENT**  
**P.O. Box 7288, Capitol Station, Albany, New York 12224**

1. CASE NO.: \_\_\_\_\_ TITLE: MATTER

OF: \_\_\_\_\_

Fill in the blank spaces pertinent to your application. Complete four copies; mail one to the county attorney and to your adversary; return the third copy, sworn to before a notary public, to this office together with a copy of the order you are appealing from; retain the fourth copy.

NOTE: NO APPEAL LIES FROM A DECISION, OPINION OR MEMORANDUM OF A COURT OR JUDGE BUT ONLY FROM AN ORDER. ALSO NOTE, YOU MUST, WITHIN 30 DAYS FROM THE DATE OF THE ORDER YOU ARE APPEALING FROM, FILE A NOTICE OF APPEAL WITH THE CLERK OF THE FAMILY COURT, THE COUNTY ATTORNEY AND THE ATTORNEY FOR YOUR ADVERSARY.

I. My present application is for:

- a) Permission to appeal as a poor person
- b) Assignment of counsel
- c) Extension of time to perfect appeal
- d) Other relief (state nature thereof)  \_\_\_\_\_

II. a) I am appealing from an Order of the Family Court, \_\_\_\_\_ County, entered on the \_\_\_\_\_ day of \_\_\_\_\_, which provides as follows:

- b) Was a hearing had at which testimony was taken \_\_\_\_\_
- c) If so, give the date or dates of such hearings \_\_\_\_\_
- d) Date the order appealed from was served upon you \_\_\_\_\_
- e) Have you filed a copy of the Notice of Appeal with the Clerk of the Family Court?  
\_\_\_\_\_ When \_\_\_\_\_
- f) Have you served a copy of the Notice of Appeal on the County Attorney?  
\_\_\_\_\_ When \_\_\_\_\_
- g) Have you served a copy of the Notice of Appeal on the respondent?  
\_\_\_\_\_ When \_\_\_\_\_
- h) Were you represented by counsel in the Family Court proceeding?  
\_\_\_\_\_ Attorney's name and address \_\_\_\_\_
- i) Was counsel assigned or retained \_\_\_\_\_

\_\_\_\_\_  
Appellant

State of New York        )  
County of \_\_\_\_\_)

\_\_\_\_\_, being duly sworn, says that I have read the foregoing answers and the same are true to the best of my knowledge and belief. On the \_\_\_\_\_ day of \_\_\_\_\_, I mailed a completed copy of this form to

\_\_\_\_\_  
(The County Attorney and the attorney for my adversary).

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

\_\_\_\_\_

Appellant

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