

APPELLATE TERM OF THE SUPREME COURT  
2<sup>nd</sup>, 11<sup>th</sup> & 13<sup>th</sup> and 9th & 10th Judicial Districts

\_\_\_\_\_  
The People of the State of New York

v.

NOTICE OF MOTION  
FOR LEAVE TO  
APPEAL AS A POOR  
PERSON and for  
ASSIGNMENT OF COUNSEL

App Term Docket No.:

\_\_\_\_\_  
Lower Court Number:  
\_\_\_\_\_

\_\_\_\_\_  
Defendant  
\_\_\_\_\_

Please take notice that upon the annexed affidavit of \_\_\_\_\_ dated the \_\_\_ day of \_\_\_\_\_, 2\_\_\_ the defendant will move this Court at a term thereof to be held at the Courthouse of the Appellate Term of the Supreme Court, 2nd, 11th & 13th and 9th & 10th Judicial Districts, at 141 Livingston Street, 15<sup>th</sup> Floor, Brooklyn, New York 11201, on the \_\_\_ day of \_\_\_\_\_, 2\_\_\_ at 10:00 o'clock in the forenoon of that day or as soon thereafter as can be heard, for an order granting defendant leave to appeal as a poor person and for the assignment of counsel.

Yours,

\_\_\_\_\_  
(sign your name)

PRINT your name: \_\_\_\_\_

Your address: \_\_\_\_\_

City, state & zip code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

TO: ADDRESS FOR THE DISTRICT ATTORNEY, COUNTY  
ATTORNEY, TOWN ATTORNEY OR VILLAGE PROSECUTOR

APPELLATE TERM OF THE SUPREME COURT  
2<sup>nd</sup>, 11<sup>th</sup> & 13<sup>th</sup> and 9<sup>th</sup> & 10<sup>th</sup> Judicial Districts

\_\_\_\_\_  
The People of the State of New York

v.

**Affidavit in Support of  
Motion for Leave to Appeal  
as a Poor Person and for  
Assignment of Counsel**

Appellate Term Docket No.: \_\_\_\_\_  
Lower Court Number: \_\_\_\_\_

\_\_\_\_\_  
State of New York )  
County of \_\_\_\_\_ ) s.s.:

I, \_\_\_\_\_, being duly sworn, depose and say that:

I was convicted in \_\_\_\_\_ Court, County of \_\_\_\_\_, on \_\_\_\_\_  
of the charge of \_\_\_\_\_ and sentenced to  
\_\_\_\_\_ on \_\_\_\_\_.

A. A fine was imposed: Yes \_\_\_ No \_\_\_  
If YES, how much was the fine? \_\_\_\_\_  
Has the fine been paid? Yes \_\_\_ No \_\_\_

B. A stay of execution of sentence granted:  
Yes \_\_\_ No \_\_\_

C. Bail was set: Yes \_\_\_ No \_\_\_  
If YES, how much was the bail? \$ \_\_\_\_\_  
Who paid the bail? \_\_\_\_\_  
Relationship \_\_\_\_\_

My personal information is as follows:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Soc. Sec. No: \_\_\_\_\_

FORM 4A

My marital status (check one):

Single ( ); Married ( ); Separated ( ); Divorced ( )

5) The name and ages of all dependents:

_____	_____
_____	_____
_____	_____

6) (a) My usual occupation/profession: \_\_\_\_\_

(b) Are you or your spouse presently employed?

Yes \_\_\_ No \_\_\_

(c) Name and address of your employer and gross salary:

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

(d) Spouse's occupation/profession: \_\_\_\_\_  
Name and address of spouse's employer and  
gross salary:

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

Are you suffering from any physical disability which prevents you performing necessary to your occupation/profession? If so, please describe: duties

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

8) Number of exemptions on your income tax forms: \_\_\_\_\_

List all of the following:

A-Bank Accounts (Savings and Checking)

Include name, location and amount:

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



FORM 4A

C-If you show income or a monthly income far less than your monthly expenses, state how you are obtaining the basic necessities such as food, clothing and shelter.

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Other Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize the court to investigate the answers given in this application which are true to the best of my knowledge. I realize that if I intentionally give false answers to any of the questions in this application, I could be prosecuted for perjury.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

STATE OF NEW YORK    )  
  s.s.:  
COUNTY OF \_\_\_\_\_)

Sworn to before me this  
\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

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

RETURN TO:

APPELLATE TERM  
141 LIVINGSTON STREET, 15<sup>th</sup> FLOOR  
BROOKLYN, NEW YORK 11201

**AFFIDAVIT OF SERVICE BY MAIL**

STATE OF NEW YORK, \_\_\_\_\_ s.s.:  
(COUNTY WHERE SWORN TO)

\_\_\_\_\_, being duly sworn, deposes and says, that deponent is NOT a party to the action, is over 18 years of age and resides at \_\_\_\_\_

\_\_\_\_\_  
(ADDRESS OF PERSON WHO SERVES PAPERS)

That on the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_  
deponent served the within \_\_\_\_\_ Application for Poor Person Relief &  
(SET FORTH PAPERS SERVED)  
Assignment of Counsel upon opponent(s) \_\_\_\_\_  
(NAME OF OPPONENT[S])

at \_\_\_\_\_

\_\_\_\_\_  
(ADDRESS OF OPPONENT[S])

(or if the opponent[s] is [are] represented by attorney[s])

upon \_\_\_\_\_ attorney(s) for opponent(s)  
(NAME OF ATTORNEY[S])

at \_\_\_\_\_

\_\_\_\_\_  
(ADDRESS OF ATTORNEY[S])

the address designated by said opponent(s) or said attorney(s) for that purpose by depositing a true copy of same enclosed in a postpaid properly addressed wrapper, in --a post office -- official depository under the exclusive care and custody of the United States Post Office Department within the State of New York.

\_\_\_\_\_  
(SIGNATURE)

(To be completed by Notary Public at the time affidavit is signed)

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_

\_\_\_\_\_