

PEOPLE OF THE STATE OF NEW YORK, Petitioner-Appellant,

V

**MOTION FOR PERMISSION TO RESPOND
TO THE PEOPLE'S APPEAL AS A POOR
PERSON AND ASSIGNMENT OF COUNSEL**

Defendant-Respondent.

(Insert SCI/Waiver or Indictment Number)

RETURN DATE OF MOTION

This motion will be returnable before the Supreme Court, Appellate Division, Fourth Department on the thirteenth day after the date of mailing to the District Attorney or the County Attorney (whichever is later). Should that day fall on a Saturday, Sunday, or Holiday, the motion will be returnable on the next working day.

STATE OF NEW YORK
COUNTY OF _____ ss:

I, _____, being duly sworn, depose and say:

1. I am the defendant-respondent herein and I hereby apply to the Appellate Division, Fourth Department, for permission to respond to an appeal by the People as a poor person and for an attorney to be assigned to represent me in defense of the appeal.

2. The People have appealed from an order of the (insert name of Court and County)

(Hon. _____, J.) on _____.

3. A copy of a notice of appeal was served on me on (insert date) _____.

4. In the trial court, I (**check one**) was not represented by an attorney or

was represented by attorney (insert name) _____

_____ and this attorney cannot continue to represent me on appeal.

5. If counsel was retained please explain why similar funds are not available to retain appellate counsel _____

_____.

6. In the trial court, I (check one): did not post bail posted bail.

If you answered yes to posted bail please explain why these funds are not available to retain counsel on appeal _____.

7. My present mailing address is (if incarcerated, state inmate number and correctional

facility) _____

A. My date of birth is _____

B. I currently support _____ dependants in my present household, not including myself.

8. The following is a summary of my financial status:

A. PRESENT INCOME (If none, write none. Do not use "ditto" marks. Figures should reflect monthly income.)

	<u>Defendant</u>	<u>Spouse</u>
Employment Income	_____	_____
Place of employment	_____	_____
Length of employment	_____	_____
Unemployment benefits	_____	_____
Disability benefits	_____	_____
Social Security	_____	_____
Pension	_____	_____
Veterans and/or active service benefits	_____	_____
Welfare or SSI	_____	_____
Alimony or support	_____	_____
Rental income	_____	_____
Other	_____	_____
TOTAL	_____	_____

B. ASSETS (Must be completed)

Amount in savings, checking, trust accounts	_____	_____
Location of same	_____	_____
Cash on hand	_____	_____
Vehicles owned:	_____	_____
value	_____	_____
amount owing	_____	_____
Real estate owned:	_____	_____
value	_____	_____

amount owing	_____	_____
Other	_____	_____
TOTAL	=====	=====

C. PRESENT OBLIGATIONS: (Figures should reflect monthly payments made. Must be completed.)

	<u>Defendant</u>	<u>Spouse</u>
Rent/Mortgage	_____	_____
Alimony/Support	_____	_____
Medical	_____	_____
Other (description)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL	=====	=====

7. On the ____ day of _____, 20 ____, I mailed a completed copy of this form to _____ and _____ at _____ (Name of **District Attorney**) _____ (Name of **County Attorney**) the addresses stated on the list provided.

(PRINT NAME BELOW SIGNATURE)

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

NOTARY PUBLIC/COMMISSIONER OF DEEDS
My commission expires: _____

NOTE: IF YOU ARE REPRESENTED BY COUNSEL, RETURN THE ORIGINAL COMPLETED FORM TO YOUR ATTORNEY. IF YOU ARE NOT REPRESENTED BY COUNSEL, SEND THE ORIGINAL COMPLETED FORM TO:

**SUPREME COURT, APPELLATE DIVISION, FOURTH DEPARTMENT
50 EAST AVENUE, SUITE 200, ROCHESTER, NEW YORK 14604**