

SUPREME COURT OF THE STATE OF NEW YORK  
APPELLATE DIVISION, FOURTH DEPARTMENT

THE PEOPLE OF THE STATE OF NEW YORK, Petitioner-Respondent,	)	<b>NOTICE OF MOTION FOR POOR PERSON RELIEF AND ASSIGNMENT OF COUNSEL ON APPEAL FROM <u>A SORA ORDER</u></b>
V	)	
	)	
Respondent-Appellant.	) # _____	
	) _____	

(Insert Index Number)

PLEASE TAKE NOTICE, that upon the annexed affidavit(s), the undersigned will move this Court at a term of the Appellate Division, 50 East Avenue, Rochester, New York, 14604 on the (insert appropriate return date) \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, for an order granting appellant leave to appeal as a poor person and assignment of counsel from an order of the (circle one) County/Supreme Court, entered in the \_\_\_\_\_ County Clerk’s Office, pursuant to the Sex Offender Registration Act, as set forth in the accompanying notice of appeal.

PLEASE TAKE FURTHER NOTICE, that this motion will be submitted without oral argument (see 22 NYCRR 1250.4 [a] [8]). The original answering affidavits, if any, must be filed with the Court by 4:00 p.m. of the business day preceding the return date (see 22 NYCRR 1250.4 [a] [5]).

Dated: \_\_\_\_\_, 20 \_\_\_\_

(Name and address of moving party or attorney)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TO: \_\_\_\_\_ County Attorney

\_\_\_\_\_

\_\_\_\_\_

and

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names and addresses of opposing parties and/or attorneys  
(Use additional sheet if necessary)

SUPREME COURT OF THE STATE OF NEW YORK  
APPELLATE DIVISION, FOURTH DEPARTMENT

THE PEOPLE OF THE STATE OF NEW YORK, Petitioner-Respondent,	)	<b>AFFIDAVIT IN SUPPORT OF</b>
	)	<b>MOTION TO APPEAL AS A</b>
V	)	<b>POOR PERSON AND FOR</b>
	)	<b>ASSIGNMENT OF COUNSEL</b>
	)	<b>ON A <u>SORA</u> APPEAL</b>
	)	
	)	# _____
Respondent-Appellant,	)	(Insert Index Number)
	)	

STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_ ss:

\_\_\_\_\_, being duly sworn, deposes and says:

1. I am the appellant herein and I hereby apply to the Appellate Division, Fourth Department, for permission to appeal as a poor person and for an attorney to be assigned to represent me on appeal from an order entered pursuant to the Sex Offender Registration Act.

2. I was served by respondent with a copy of the order being appealed on (insert date) \_\_\_\_\_ (**Attach copy of order being appealed**).

3. I filed a notice of appeal with the County Clerk's Office on (insert date) \_\_\_\_\_ (**Attach a copy of notice of appeal with date-stamp from the County Clerk's Office**).

4. I served respondent with a copy of the notice of appeal on (insert date) \_\_\_\_\_ (**Attach an affidavit of service of notice of appeal on respondent**).

5. My present mailing address is \_\_\_\_\_

6. I currently support \_\_\_\_\_ dependants in my present household, not including myself.

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

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

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

**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:	_____	_____
description	_____	_____
value	_____	_____
amount owing	_____	_____
Other	_____	_____
<b>TOTAL</b>	_____	_____

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

Rent/Mortgage	_____	_____
Alimony/Support	_____	_____
Medical	_____	_____
Other (description)	_____	_____
	_____	_____
	_____	_____
	_____	_____
<b>TOTAL</b>	_____	_____

\_\_\_\_\_  
(PRINT NAME BELOW SIGNATURE)

Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC/COMMISSIONER OF DEEDS

My commission expires: \_\_\_\_\_

**NOTE: RETURN THE ORIGINAL COMPLETED FORM TO YOUR ATTORNEY OR FILE THE ORIGINAL COMPLETED FORM WITH THE APPELLATE DIVISION WITH A COPY OF THE ORDER APPEALED AND AN AFFIDAVIT OF SERVICE OF COPIES ON ALL NECESSARY PARTIES.**

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

SUPREME COURT OF THE STATE OF NEW YORK  
APPELLATE DIVISION, FOURTH DEPARTMENT

_____ )	<b>AFFIDAVIT OF SERVICE BY MAIL OF MOTION FOR POOR PERSON RELIEF AND ASSIGNMENT OF COUNSEL ON A <u>SORA</u> APPEAL</b>
THE PEOPLE OF THE STATE OF NEW YORK )	
Petitioner-Respondent, )	
)	
V )	
)	
_____ )	
Respondent-Appellant. )	
_____ )	
)	

# \_\_\_\_\_  
(Insert Index Number)

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

\_\_\_\_\_, being duly sworn, deposes and says that (s)he is not a party to this action, is over 18 years of age, and resides at \_\_\_\_\_.

That on the \_\_\_ day of \_\_\_\_\_, 20\_\_\_, your deponent served the within Notice of Motion for Permission to Appeal as a Poor Person and for Assignment of Counsel and supporting papers by depositing a true copy thereof enclosed in a post-paid wrapper in an official depository under the exclusive care and custody of the U.S. Postal Service within New York State, addressed to each of the following parties and/or their attorneys at the last known address set forth after each name:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_  
(PRINT NAME BELOW SIGNATURE)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC/COMMISSIONER OF DEEDS

My commission expires: \_\_\_\_\_