

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

V

**MOTION FOR PERMISSION TO APPEAL AS A
POOR PERSON AND FOR ASSIGNMENT OF
COUNSEL ON APPEAL FROM AN ORDER FOR
RE-SENTENCING UNDER PENAL LAW § 70.71**

Defendant-Appellant.

(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-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 a re-sentencing pursuant to CPL § 70.71**.

2. I was re-sentenced in _____
(Name of Court and County)

(Hon. _____, J.), on _____
(Judge) (Date of **Re-Sentence**)

3. In the trial court, I (**check one**) G was represented by attorney (insert name) _____
_____ G was not represented by an attorney. A notice of appeal was filed in the County Clerk's Office on (insert date) _____, 20____, and a copy was served on the District Attorney on (insert date) _____, 20____.

4. 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.

5. 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	_____	_____

6. On the ____ day of _____, 20____ I mailed a completed copy of this form to _____ and _____
 (Name of **District Attorney**) (Name of **County Attorney**)
 at 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 AND ONE COPY TO:

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

[Address list of District and County Attorneys](#)