January 2006

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

MATTER OF	)	**ATTORNEY CERTIFICATION OF APPELLANT'S ELIGIBILITY FOR POOR PERSON RELIEF AND ASSIGNMENT OF COUNSEL ON APPEAL**
(INSERT TITLE OF ACTION ABOVE)	)	Docket No. _____ (Insert Family Court Docket No.)

STATE OF NEW YORK
COUNTY OF _____ ss:

I, (print name) _____ hereby certify:

1. That I am an attorney duly licensed to practice in the State of New York and I am (select one): ☐ a member of the assigned counsel program ☐ a member of a legal aid or legal services program representing indigent parties.

2. That the pending appeal is from an order of the _____ County Family Court (Hon. _____, J.), entered _____, 20__ in which (set forth nature of order) _____ _____. **A copy of the order appealed together with the decision, if any, is attached hereto.**

3. That a notice of appeal was filed timely in the _____ County Family Court Clerk's Office and served timely on all necessary parties. **A copy of the notice of appeal is attached hereto, with proof of timely filing and service.**

4. That I was assigned by _____ County Family Court to represent appellant, _____ upon a determination that appellant was indigent and qualified for poor person relief and assignment of counsel.

5. That appellant continues to be indigent and is eligible for poor person relief and for assignment of counsel on the pending appeal.

6. That appellant has indicated to me an intention to pursue this appeal.

7. A copy of this certification has been provided to the County Attorney and all necessary parties to the appeal.

Dated:

_____
(PRINT NAME BELOW SIGNATURE)

TO: _____

_____

_____