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

THE PEOPLE OF THE STATE OF NEW YORK, Respondent, V _____, Defendant-Appellant.	**NOTICE OF MOTION TO EXTEND TIME TO PERFECT APPEAL** #_____ (Insert SCI/Waiver or Indictment Number) #_____ (Insert AD Docket 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 ____ day of _____, 20____, for an order granting appellate counsel an extension of time to perfect the appeal, and for such other and further relief as to the Court may seem just and proper.

PLEASE TAKE FURTHER NOTICE, that this motion will be submitted without oral argument (*see* 22 NYCRR 1000.13 [a] [6]). Answering affidavits, if any, must be filed with the Court on or before the Friday preceding the return date.

Dated: _____, 20 ____

_____

(Name and address of moving party or attorney)

_____

_____

_____

TO: _____ County District Attorney

_____

_____

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

THE PEOPLE OF THE STATE OF NEW YORK, Respondent, V _____, Defendant-Appellant.	**AFFIDAVIT IN SUPPORT OF MOTION TO EXTEND TIME TO PERFECT APPEAL** #_____ (Insert SCI/Waiver or Indictment Number) #_____ (Insert AD Docket Number)

STATE OF NEW YORK
COUNTY OF _____ ss:

_____, being duly sworn, deposes and says:

1. That I am an attorney and was assigned by the Appellate Division by order entered _____ to represent the above-named appellant upon this appeal.

2. That this affidavit is made in support of a motion for an extension of time to perfect the appeal.

3. That the appeal is from (insert order/judgment)_____of the (insert Court) _____ (Hon. _____, J.), entered _____ __, 20____, (insert by plea/after trial) convicting defendant of the crime(s) of _____ _____ ____, and sentencing (insert him or her) to a term(s) of _____.

4. A notice of appeal was filed on _____, 20____. Defendant (insert was released on bail /is incarcerated).

5. The complete transcript of stenographic minutes was filed on _____ _____.

6. The current due date for perfection of the appeal is _____, and (check one of the following)

☐ no prior extensions have been granted by the Court

☐ a prior extension was granted by the Court on _____.

7. That this motion for an extension of time to file and serve the records and briefs is being sought for the following reasons: _____ _____

_____

_____

_____

_____

_____

_____

_____.

(If the reason for the delay is that transcripts are missing or have not been filed, list the name[s] of the court reporter[s] and the specific minutes that have not been filed [e.g., arraignment, suppression, trial, plea, sentence] and any anticipated filing date).

WHEREFORE, deponent requests an extension of time to file and serve the records and briefs in this matter to (insert date) _____ 20_____.

Dated: _____, 20____

_____

Counsel for Defendant-Appellant

Sworn to before me this

_____ day of _____, 20____

_____

NOTARY PUBLIC/COMMISSIONER OF DEEDS

My commission expires:_____

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

September 2006

THE PEOPLE OF THE STATE OF NEW YORK, Respondent ,	)	**AFFIDAVIT OF SERVICE OF MOTION TO EXTEND TIME TO PERFECT APPEAL**
V	)	#_____ (Insert SCI/Waiver or Indictment Number)
_____, Defendant-Appellant.	)	#_____ (Insert AD Docket 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 Motion to Extend Time to Perfect Appeal 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: _____