

*New York State, Supreme Court
Appellate Division, Third Department
P.O. Box 7288, Capitol Station
Albany, New York*

HABEAS CORPUS:

CASE #: _____ **INDEX #:** _____ **Date of Birth:** _____

TITLE: PEOPLE ex rel. _____ v. _____

Fill in the blank spaces pertinent to your application. Complete three copies: mail one to the Attorney General (NYS Attorney General, The Capitol, Albany, NY 12224); return the original, sworn to before a notary public, to this office together with a copy of the decision and judgment which you are appealing; and retain the third copy for your records.

NOTE: NO APPEAL LIES FROM A DECISION, OPINION OR MEMORANDUM OF A COURT OR JUSTICE BUT ONLY FROM A JUDGMENT OR ORDER. You must, within 30 days from the date of the judgment or order you are appealing, serve a notice of appeal upon the Attorney General and file a copy of such notice with the County Clerk of the county in which the judgment or order was entered.

I. My present application is for:

- (a) Permission to appeal as a poor person _____
- (b) Assignment of counsel _____
- (c) Other relief (state nature thereof) _____

II. I am appealing from:

- (a) A judgment denying my petition for a writ of habeas corpus _____
- (b) A judgment dismissing a writ of habeas corpus after a hearing _____
- (c) State nature of any other order or judgment appealed from _____

III. (a) Court to which you applied for relief _____

(b) Was a hearing had at which testimony was taken _____

(c) If so, give the date or dates of such hearings _____

(d) Has an order or judgment denying relief been entered in the County Clerk's office
_____ If so, when _____

(e) Has a copy of that order or judgment been served upon you _____

If so, when _____

- (f) Have you filed a copy of the notice of appeal in the County Clerk's office ____
If yes, when _____
- (g) Have you served a copy of the notice of appeal on the Attorney General ____
If yes, when _____
- (h) Were you represented by counsel _____
Counsel's name and address: _____

- (i) Was counsel assigned or retained _____

Appellant's Signature

Print Name: _____

Address: _____

ID Number: _____

STATE OF NEW YORK)
COUNTY OF _____) ss.:

_____, being duly sworn, says that I have read the foregoing answers and the same are true to the best of my knowledge and belief. On the ____, day of _____, _____, I mailed a completed copy of this form to the Attorney General.

Appellant's Signature

Print Name

Sworn to me this _____ day
of _____, _____.

Notary Public