

**APPLICATION FOR POOR PERSON STATUS
AND ASSIGNMENT OF COUNSEL IN A CRIMINAL APPEAL**

DIRECTIONS: Completely fill in the blank spaces pertinent to your application. Failure to properly complete this application may result in its denial. Complete three (3) copies. File the **original** with this court. Serve one copy by mail on the appropriate District Attorney and keep the third copy for your records. Please make certain you have signed on **each line** under which the word "Appellant" appears on pages 4 and 5 and that **you do so before a Notary Public**. All applications/motions are returnable on a Monday (or if a Monday falls on a holiday, then the next business day). You must give at least 13 days notice (prior to the return date) if you serve your papers on the District Attorney (or other person entitled to notice) by mail, or 8 days if you use personal service and **you must provide this office with an affidavit of service** which also must be signed before a notary public. (A form for such is attached hereto as page 6.)

**NEW YORK STATE SUPREME COURT
APPELLATE DIVISION - THIRD DEPARTMENT:**

The People of the State of New York

-against-

**Application For Poor Person
Status and Assigned Counsel**

_____,
(Please fill in your name)
Appellant.
_____:

1. What is your date of birth? _____
2. What is your current address? _____

3. What is your DIN (if assigned)? _____
4. This application is for: (Check all that apply)
 - (a) Poor person status: _____
 - (b) Assignment of counsel: _____
 - (c) Other (state type of relief sought): _____

5. If you are appealing from a judgment of conviction and resulting sentence or resentence, were you convicted after a trial _____ or convicted upon a plea of guilty _____? (Check only one.)

6. Please provide the following information:

(a) What crime(s) were you convicted of? _____

(b) In what county were you convicted? _____

(c) On what date were you sentenced? _____

(d) Were two (2) copies of the notice of appeal filed with the appropriate County Clerk within thirty (30) days after imposition of your sentence or resentence?
Yes _____ No _____

(e) Were you represented by an attorney? Yes _____ No _____

(f) If you answered "yes" what was his or her name? _____

(g) If you answered "yes" was he or she assigned by the court? Yes ____ No ____

(h) If your attorney was not assigned, please state the amount of the fee paid and the source of the payment, i.e. who paid the fee? _____

7. If you are not appealing from a judgment of conviction and sentence or resentence, please state what you are appealing: _____

8. Were you released on bail? Yes _____ No _____ If "yes" please state the amount and give the name of the person who provided the money or collateral and who paid the premium on the bond. _____

9. Are you single _____; married _____; separated _____; divorced _____? (Check one)

10. Do you receive support from anyone? Yes _____ No _____ If "yes" please provide the name, relationship to you, address, and amount of support he or she provides.

11. Are you employed? Yes _____ No _____ If "yes" what is your weekly salary and what is the name and address of your employer? _____

12. Do you support anyone? Yes _____ No _____ If "yes" please provide the name, relationship to you, address, and amount of support he or she is provided by you. _____

13. Do you own any real estate either by yourself or with someone else?
Yes _____ No _____
14. If your answer is "yes" please provide the following information:
- (a) Other owner(s) (if any) _____
- (b) Location (street address; mailing address; Town; County; State)

- (c) Current value, including improvements _____
- (d) Existing mortgages and/or liens: (Attach additional sheet if required)
- [i] Name of mortgagor or lien holder: _____

- [ii] Balance due: _____
15. List the location and amount of any savings or checking accounts in your name or held jointly with others:
- | <u>Location (Bank)</u> | <u>Type</u> | <u>Owners</u> | <u>Balance</u> |
|------------------------|-------------|---------------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
16. List any stocks, bonds, trusts or cash on hand owned by you or in which you have any benefit and give the type, location and value of each _____

17. Please state the year, make, model and estimated value of any motor vehicle(s) owned by you and the amount you owe on such vehicle(s), if anything _____

18. Do you own any other assets not covered by the above questions?
Yes _____ No _____

19. If your answer to the above was "yes" then please describe the asset and indicate its value: _____

20. My monthly income and expenses are as follows:

INCOME

My salary or wages _____
My spouse's salary or wages _____
Salary or wages of any other person in my household _____
Other income received by me or my spouse or person
in my household (Alimony; support; disability, etc.) _____
TOTAL INCOME FROM ALL SOURCES _____

EXPENSES

Rent or mortgage payment _____
Real property taxes, if any _____
Food _____
Utilities (Heat; Phone; Water; Electric; Cable) _____
Automobile expenses _____
Insurance Premiums (Life or medical) _____
Total loan repayments (list below) _____

<u>Creditor</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____

Other obligations, including alimony and/or support _____
TOTAL EXPENSES _____

21. Do you authorize the Court to make any inquiries or investigation concerning the answers given by you in this affidavit? Yes _____ No _____

22. If the answers above are not in your handwriting, were the questions and answers read to you and are your answers true? Yes _____ No _____

(Appellant)

State of New York)
County of _____) ss:

_____, being duly sworn, deposes and says: I have read the foregoing application/motion and have answered each question truthfully and to the best of my knowledge and belief and understand that my answers will be used to determine my eligibility for poor person status and assignment of counsel

(Appellant)

Sworn to before me this ____ day
of _____ 20____

Notary Public

(See next page for Affidavit of Service)

AFFIDAVIT OF SERVICE BY MAILING

State of New York)
County of _____) ss:

_____, being duly sworn, deposes and says: I have
(Fill in name)
served a true copy of this application on the District Attorney of _____
(Fill in name of county)
County on the _____ day of _____ (month), 20 ____ (year) by mailing same in a sealed,
properly addressed envelope, with prepaid postage, in a post-office or official depository of
the U.S. Postal Service within the State of New York.

Signature

Sworn to before me this _____
day of _____ 20 _____

Notary Public