

**NOTICE TO ATTORNEY FOR THE CHILD**

Our records indicate that you were the attorney for the child in this proceeding in the trial court. Pursuant to Family Ct Act § 1120 (b), your appointment continues on appeal without further court order unless a new attorney is appointed by the Appellate Division.

As the attorney for the child you ***must***, within 10 days of receipt of this notice, advise the Court either that you will continue as the attorney for the child on appeal or that you request a new attorney be appointed. Please note that if you continue as the attorney for the child on appeal, you will be expected to **participate in the settlement of the record** as required by section 850.7 (b) of this Court's rules and to **file an appellate brief** on behalf of the child within the time frame specified by sections 1245.7 and 1250.9 (c) of the Appellate Division rules. If you believe that you may not be able to perform these duties in a timely fashion, you should request appointment of another attorney to represent the child in this Court ***as soon as possible and cooperate with the new appellate attorney by sharing all relevant information on the case***. Please review and complete the form below and return it **promptly**, by email, fax or mail, to the Appellate Division Motion Department. Thank you.

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**RESPONSE OF ATTORNEY FOR THE CHILD**

Appeal Number: \_\_\_\_\_ Case Name: \_\_\_\_\_

Attorney for the Child: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please check the applicable paragraph below:

\_\_\_\_\_ I shall continue to serve as attorney for the child on appeal.

\_\_\_\_\_ I request appointment of another attorney to represent the child on appeal. If you are requesting another attorney to represent the child on appeal, please provide the following information:

Name of the Child(ren) you Represent: \_\_\_\_\_

Name of Child's Custodian: \_\_\_\_\_

Address of Child's Residence: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone number where Child and/or Custodian can be contacted: \_\_\_\_\_

Email address for Child and/or Custodian: \_\_\_\_\_

Other relevant information to assist in client contact: \_\_\_\_\_

Date: \_\_\_\_\_ Attorney for the Child Signature: \_\_\_\_\_

**RETURN BY FAX OR MAIL WITHIN 10 DAYS OF RECEIPT TO:**

Motion Department, Appellate Division, Third Department  
P.O. Box 7288, Capitol Station, Albany, NY 12224-0288  
Phone: 518-471-4779 \* Fax: 518-471-4747 \* AD3AssignedCounsel@nycourts.gov