

SUPREME COURT

INSTRUCTIONS AND FORMS FOR A MOTION FOR POOR PERSON RELIEF

1. Papers to be filed with the Court (one copy of each)
 - Notice of Motion
 - Notarized Affidavit
 - Copy of Notice of Appeal
 - Copy of Order or Judgment Appealed From
 - Notarized Affidavit of Service
2. The motion may be made returnable on any business day except in July and August when motion days are Mondays only.
3. Service: Personal service is 8 days notice; by mail it is 13 days notice.
The day of service is not counted.
For example: If you personally serve your papers on your adversary on May 1st, the earliest date you can make your motion returnable is May 9th.
4. The Corporation Counsel must be served in all cases.

**SUPREME COURT OF THE STATE OF NEW YORK
APPELLATE DIVISION: FIRST DEPARTMENT**

_____	X	
	:	
_____	:	NOTICE OF MOTION FOR
Plaintiff/Petitioner/_____	:	POOR PERSON RELIEF
(Circle One)	:	AND TRANSCRIPT
	:	
	:	
-against-	:	
	:	INDEX NO. _____
	:	
_____	:	
Defendant/Respondent/_____	:	
(Circle One)	:	
_____	X	

PLEASE TAKE NOTICE that upon the annexed affidavit of _____, sworn to the ____ day of _____, 20__, the undersigned will move this Court at a term thereof to be held at the Appellate Division Courthouse located at 25th Street and Madison Avenue, New York, N.Y., 10010, on the ____ day of _____, 20__, at 10:00 a.m., for an order pursuant to CPLR 1101 and 1102, granting leave to the appellant herein to prosecute the above-entitled appeal to this Court as a poor person, on the original record and typewritten briefs, for a free copy of the transcript, granting an exemption from the subpoena fee required for the transfer of said record to this Court, and for such other and different relief as may be just.

Dated: _____

To: _____ Your name, address & phone no.

CORPORATION COUNSEL
100 CHURCH STREET
NEW YORK, NY 10007

Name, address and phone no. of
respondent or attorney

**SUPREME COURT OF THE STATE OF NEW YORK
APPELLATE DIVISION: FIRST DEPARTMENT**

_____	X	
	:	
_____	:	AFFIDAVIT IN SUPPORT OF
Plaintiff/Petitioner/_____	:	MOTION TO PROCEED AS
(Circle One)	:	POOR PERSON
	:	
	:	
-against-	:	
	:	INDEX NO. _____
	:	
_____	:	
Defendant/Respondent/_____	:	
(Circle One)	X	

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

_____, being duly sworn, deposes and says;

1. I am the appellant in this action and make this affidavit in support of my motion for permission to proceed as a poor person.
2. I reside at _____

3. This action was brought by (circle one) petitioner/plaintiff against the (circle one) respondent/defendant for [specify the nature of the action]:

6. I am unable to pay the costs, fees and expenses necessary to prosecute this appeal.

7. State whether any other party has a beneficial interest in the recover sought in this action: _____

8. Attached hereto is a copy of the Notice of Appeal and a copy of the order/judgment appealed from.

9. No previous application for the same or similar relief has been made.

WHEREFORE, I respectfully ask that an order of this Court be granted permitting me to appeal as a poor person.

x _____ x

Sworn to before me this _____ day
of _____, 20__

Notary Public

