

APPELLATE TERMS OF THE SUPREME COURT  
2nd, 11th & 13th and 9th & 10th JUDICIAL DISTRICTS

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V.

NOTICE OF MOTION  
TO ENLARGE TIME  
TO PERFECT APPEAL

Appellate Term Docket No.

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Please take notice that upon the annexed affidavit of \_\_\_\_\_ dated the \_\_\_ day of \_\_\_\_\_, 2\_\_\_ the \_\_\_\_\_ will move this Court at a term thereof to be held at the Courthouse of the Appellate Term of the Supreme Court, 2nd, 11th & 13th and 9th & 10th Judicial Districts, at 141 Livingston Street, 15th Floor, Brooklyn, New York 11201, on the \_\_\_ day of \_\_\_\_\_, 2\_\_\_ at 10:00 o'clock in the forenoon of that day or as soon thereafter as can be heard, for an order enlarging the time to perfect the within appeal, and, to continue the stay (if any) previously granted on \_\_\_\_\_, 2\_\_\_.

Yours,

\_\_\_\_\_  
(sign your name)

PRINT your name  
your address  
including city, state and zip code  
telephone number

TO: \_\_\_\_\_ (if opponent is represented by an attorney)

**NOTE: On the return date, all motions and proceedings are deemed submitted. Oral argument is not permitted (22 NYCRR 731.7 & 732.7).**

SUPREME COURT OF THE STATE OF NEW YORK  
APPELLATE TERMS: 2<sup>ND</sup>, 11<sup>TH</sup> & 13<sup>TH</sup> AND 9<sup>TH</sup> & 10<sup>TH</sup> JUDICIAL DISTRICTS

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**AFFIDAVIT IN SUPPORT OF  
MOTION TO ENLARGE TIME  
TO PERFECT APPEAL**

Appellate Term Docket Number:

-against-

\_\_\_\_\_

Lower Court Index No. \_\_\_\_\_

\_\_\_\_\_  
State of New York )  
County of \_\_\_\_\_ ) s.s.:

I, \_\_\_\_\_, being duly sworn,  
depose and say that:

1. I am the \_\_\_\_\_ in the above entitled proceeding  
and make this affidavit in support of the motion to enlarge the time to perfect the appeal.

2. The type of the above entitled proceeding is as follows:

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Landlord & Tenant (non-payment) | <input type="checkbox"/> Criminal     |
| <input type="checkbox"/> Landlord & Tenant (holdover)    | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Civil                           |                                       |
| <input type="checkbox"/> Small Claims                    |                                       |
| <input type="checkbox"/> Traffic Violation               |                                       |

**My grounds or reasons are as follows:**

3.

4.

5.

6. No previous application has been made for the relief requested herein except:  
(If any previous application has been made, it must be described below.)

**FORM 3A**

7. I have no other person available to effectuate service of this order to show cause and therefore request permission to serve this order myself.

WHEREFORE, I request that the court enlarge the time to perfect the appeal.

Dated: \_\_\_\_\_, 2\_\_\_\_

\_\_\_\_\_, New York

\_\_\_\_\_

(SIGNATURE OF PERSON MAKING MOTION  
- SIGNED BEFORE A NOTARY PUBLIC)

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC: STATE OF NEW YORK

**AFFIDAVIT OF SERVICE BY MAIL**

STATE OF NEW YORK, \_\_\_\_\_ S.S.:  
(COUNTY WHERE SWORN TO)

\_\_\_\_\_, being duly sworn, deposes and says, that deponent is NOT a party to the action, is over 18 years of age and resides at \_\_\_\_\_

(ADDRESS OF PERSON WHO SERVES PAPERS)

That on the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_ deponent served the within Motion to Enlarge Time to Perfect Appeal upon opponent(s) \_\_\_\_\_

(NAME OF OPPONENT[S])

at \_\_\_\_\_

(ADDRESS OF OPPONENT[S])

(or if the opponent[s] is [are] represented by attorney[s])

upon \_\_\_\_\_ attorney(s) for opponent(s)

(NAME OF ATTORNEY[S])

at \_\_\_\_\_

(ADDRESS OF ATTORNEY[S])

the address designated by said opponent(s) or said attorney(s) for that purpose by depositing a true copy of same enclosed in a postpaid properly addressed wrapper, in --a post office -- official depository under the exclusive care and custody of the United States Post Office Department within the State of New York.

\_\_\_\_\_  
(SIGNATURE)

(To be completed by Notary Public at the time affidavit is signed)

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_