

**NOTICE OF MOTION FOR POOR PERSON  
RELIEF**

INDEX NO. \_\_\_\_\_

(INSERT TITLE OF ACTION ABOVE)

PLEASE TAKE NOTICE, that upon the annexed affidavit(s), the undersigned will move this Court at a term of the Appellate Division, 50 East Avenue, Rochester, New York, 14604, on the (insert return date) \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, for an order granting (check one)  appellant permission to appeal as a poor person or  respond to appeal as a poor person from an order/judgment of the (circle one) County Court/Court of Claims/Surrogate's Court/Supreme Court as set forth in the accompanying notice of appeal and order (attach notice of appeal with proof of service and the order/judgment appealed), and for such other and further relief as the Court may deem just and proper.

PLEASE TAKE FURTHER NOTICE, that this motion will be submitted without oral argument (see 22 NYCRR 1250.4 [a] [8]). The original answering affidavits, if any, must be filed with the Court by 4:00 p.m. of the business day preceding the return date (see 22 NYCRR 1250.4 [a] [5]).

(Name and address of moving party or attorney)

Dated: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TO: \_\_\_\_\_ County Attorney

\_\_\_\_\_  
\_\_\_\_\_

and

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names and addresses of opposing counsel or unrepresented party (use additional sheet necessary)

SUPREME COURT OF THE STATE OF NEW YORK  
APPELLATE DIVISION, FOURTH DEPARTMENT

**AFFIDAVIT IN SUPPORT OF  
MOTION FOR POOR PERSON  
RELIEF**

\_\_\_\_\_  
(INSERT TITLE OF ACTION ABOVE)  
\_\_\_\_\_

# \_\_\_\_\_  
(Insert Index Number)

STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_ ss:

\_\_\_\_\_ (print name), being duly sworn,  
deposes and says:

1. I hereby apply to the Appellate Division, Fourth Department, for permission to  
(check one)       appeal       respond to an appeal  
as a poor person.

2. My present mailing address is \_\_\_\_\_  
\_\_\_\_\_.

3. In the trial court, I (check one)  was represented by an attorney.  
 was not represented by an attorney.

4. If represented, my attorney was (check one)  
 assigned to represent me.  
 retained to represent me.

5. I currently support \_\_\_\_\_ dependants in my present household, not  
(insert number)  
including myself.

6. The following is a summary of my financial status:

**A. PRESENT INCOME (If none, write none. Do not use "ditto" marks. Figures should reflect GROSS monthly income.)**

	<u>Appellant/Respondent</u>	<u>Spouse</u>
Employment Income	_____	_____
Place of employment	_____	_____
Length of employment	_____	_____
Unemployment benefits	_____	_____
Disability benefits	_____	_____
Social Security benefits	_____	_____
Pension benefits	_____	_____
Veterans and/or active service benefits	_____	_____
Welfare or SSI benefits	_____	_____
Alimony/maintenance received	_____	_____
Child support received	_____	_____
Rental income received	_____	_____
Other	_____	_____
<b>TOTAL</b>	_____	_____

**B. ASSETS (Must be completed)**

Amount in savings, checking, trust accounts	_____	_____
Location of same	_____	_____
Vehicles owned:	_____	_____
value	_____	_____
amount owing	_____	_____
Real estate owned:	_____	_____
description	_____	_____
value	_____	_____
amount owing	_____	_____
Other	_____	_____
<b>TOTAL</b>	_____	_____

**C. PRESENT OBLIGATIONS: (Figures should reflect monthly payments made. This section must be completed.)**

Rent/Mortgage Payment	_____	_____
Alimony/Maintenance	_____	_____
Child Support Actually Paid	_____	_____
Medical	_____	_____
Food	_____	_____
Transportation	_____	_____
Other (description)	_____	_____
	_____	_____
<b>TOTAL</b>	_____	_____

7. The facts supporting my contention that there is merit to my appeal are as follows (attach additional documentation, if necessary) **(To be completed only if the moving party is the appellant or cross appellant):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(PRINT NAME BELOW SIGNATURE)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC/COMMISSIONER OF DEEDS  
My commission expires: \_\_\_\_\_

**NOTE: IF YOU ARE REPRESENTED BY COUNSEL, RETURN THE ORIGINAL COMPLETED FORM TO YOUR ATTORNEY. IF YOU ARE NOT REPRESENTED, FILE THE ORIGINAL COMPLETED FORM AND ONE COPY WITH THE APPELLATE DIVISION AT THE ADDRESS LISTED BELOW, WITH AN AFFIDAVIT OF SERVICE INDICATING THAT YOU HAVE PROVIDED COPIES OF THIS DOCUMENT TO ALL NECESSARY PARTIES INCLUDING THE COUNTY ATTORNEY.**

**SUPREME COURT, APPELLATE DIVISION, FOURTH DEPARTMENT  
50 EAST AVENUE, SUITE 200, ROCHESTER, NEW YORK 14604**

SUPREME COURT OF THE STATE OF NEW YORK  
APPELLATE DIVISION, FOURTH DEPARTMENT

**AFFIDAVIT OF SERVICE BY  
MAIL OF MOTION FOR  
POOR PERSON RELIEF**

# \_\_\_\_\_  
(Insert Index Number)

(INSERT TITLE OF ACTION ABOVE)

STATE OF NEW YORK)  
COUNTY OF \_\_\_\_\_) ss.:

\_\_\_\_\_, being duly sworn, deposes and says that (s)he  
is not a party to this action, is over 18 years of age, and resides at \_\_\_\_\_

That on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, your deponent served the within  
**Notice of Motion for Permission to Appeal or Respond to an Appeal as a Poor Person**  
and supporting papers by depositing a true copy thereof enclosed in a post-paid wrapper in  
an official depository under the exclusive care and custody of the U.S. Postal Service within  
the United States, addressed to each of the following parties and/or their attorneys at the  
last known address set forth after each name:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(PRINT NAME BELOW SIGNATURE)

Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC/COMMISSIONER OF DEEDS

My commission expires: \_\_\_\_\_