

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

THE PEOPLE OF THE STATE OF NEW YORK,
Respondent,

V

Defendant-Appellant.

) **NOTICE OF MOTION TO EXTEND**
) **TIME TO PERFECT APPEAL**
) **FROM SORA ORDER**
)
) # _____
) (Insert SCI/Waiver or
) Indictment Number)
)
) # _____
) (Insert AD Docket Number)

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 ____ day of _____, 20 ____, for an order granting defendant-appellant an extension of time to perfect the appeal, and for such other and further relief as to the Court may seem 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]).

Dated: _____, 20 ____

(Name and address of moving party or attorney)

TO: _____ County District Attorney

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

THE PEOPLE OF THE STATE OF NEW YORK, Respondent, V _____, Defendant-Appellant.) AFFIDAVIT IN SUPPORT OF) MOTION TO EXTEND TIME) TO PERFECT APPEAL) FROM <u>SORA</u> ORDER)) # _____) (Insert SCI/Waiver or) Indictment Number)) # _____) (Insert AD Docket Number)
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STATE OF NEW YORK
COUNTY OF _____ ss:

_____, being duly sworn, deposes and says:

1. That I am an attorney and was assigned by the Appellate Division by order entered _____ to represent the above-named appellant on this appeal. (**Attach copies of all prior orders of this Court**).

2. That this affidavit is made in support of a motion for an extension of time to perfect the appeal.

3. That this appeal is from an order of (insert name of Court, County) _____ (Hon. _____, J.), pursuant to the Sex Offender Registration Act.

4. A notice of appeal dated _____, 20____, was **filed** on (insert date) _____, 20____, and was **served** on (insert date) _____, 20____.

5. The complete transcript of stenographic minutes was filed on _____.

6. The six month abandonment and dismissal date for perfection of the appeal is _____, and (check one of the following)

- no prior extensions have been granted by the Court
- a prior extension was granted by the Court on _____.

7. That the reason for the delay in perfecting this appeal is: _____

(If the reason for the delay is that transcripts are missing or have not been filed, list the name[s] of the court reporter[s] and the specific minutes that have not been filed and any anticipated filing date).

WHEREFORE, deponent requests an extension of time to perfect this appeal to (insert date) _____, 20____.

Counsel for Defendant-Appellant

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

NOTARY PUBLIC/COMMISSIONER OF DEEDS

My commission expires: _____

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

October 2018

_____)	AFFIDAVIT OF SERVICE OF MOTION TO EXTEND TIME TO PERFECT APPEAL FROM <u>SORA</u> ORDER
THE PEOPLE OF THE STATE OF NEW YORK,)	
Respondent,)	
)	
V)	
)	
)	
)	
)	
)	
_____)	# _____
Defendant-Appellant.)	(Insert SCI/Waiver or
_____)	Indictment Number)
)	# _____
)	(Insert AD Docket Number)

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 Motion to Extend Time to Perfect Appeal 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: _____