

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

**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 1000.13 [a] [6]). Answering affidavits, if any, must be filed with the Court on or before the Friday preceding the return date.

Dated: _____

(Name and address of moving party or attorney)

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 and for an attorney to be assigned to represent me on appeal.

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	_____	_____
TOTAL	_____	_____

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	_____	_____
TOTAL	_____	_____

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)	_____	_____
	_____	_____
TOTAL	_____	_____

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
New York State, 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: _____