

Please fill in the underlined spaces on the following form with answers appropriate to your motion. Motions are returnable in this Court on a Monday (or if a Monday falls on a holiday, on the next business day). You must give 13 days' notice (prior to the return date) if you serve your adversary (or adverseries) by mail or 8 days' notice if you use personal service.

Return the original motion papers to this office, serve your adversary (or adversaries) with one copy, serve the County Attorney with one copy, and provide this office with proof of service.

STATE OF NEW YORK
APPELLATE DIVISION

SUPREME COURT
THIRD DEPARTMENT

_____,

_____ ,

**MOTION (BY RESPONDENT)
FOR ASSIGNMENT OF
COUNSEL**

- vs -

_____,

Docket No. _____

_____.

PLEASE TAKE NOTICE that, upon the annexed affidavit, sworn to the ____ day of _____, a motion will be made at a term of this Court to be held in the City of Albany, New York, on the ____ day of _____, for an order assigning counsel to respondent.

Dated: _____

(Signature) _____

(Print Name) _____

(Address) _____

(Telephone) _____

AFFIDAVIT IN SUPPORT OF MOTION

STATE OF NEW YORK

COUNTY OF _____ ss.:

_____, respondent in the above-entitled appeal, being duly sworn, deposes and says that the answers to the questions in this affidavit are true, and that he/she* knows that the information is being furnished for the purpose of enabling the court to determine whether or not he/she* is entitled to assignment of counsel.

1. What is your full name, age and date of birth?

2. What is your home address and telephone number?

3. Were you assigned counsel in lower court? _____

(a) If the answer is "Yes", give name and address of the assigned attorney:

(b) Are you requesting that the attorney assigned to you in lower court be assigned to represent you in this Court? _____

4. If you were represented by *retained* counsel in the court below, state the name and address of the person who paid his/her* fee and the amount?

*Strike out whichever is not applicable.

5. Are you single, married, separated or divorced?

6. (a) If married, what is the name of your spouse?

(b) What are the first names and ages of your children?

7. What is your occupation? If you are a student, indicate the school which you attend and the name and address of the person who is paying your tuition, room and board?

8. If you are employed, what is your weekly salary and the name and address of your employer?

9. (a) If your spouse is employed, what is his/her* weekly salary and name and address of his/her* employer?

(b) If you are not living with your spouse or children, what are their addresses and how much do you contribute weekly to their support?

10. (a) Do you or your spouse have any bank accounts in your individual names or jointly with each other or any other person?

(b) Do you have any insurance policies, stocks, bonds,

trust accounts or any other investments in your name, or jointly in your name and any other person? _____

(c) If your answer to either (a) or (b) of this question was "yes", describe the asset, the location and amount in any bank account and the value of any other asset.

11. If you or your spouse own automobiles, what is the year and model, monthly payments, if financed, to whom payments are made and the number of remaining payments? _____

12. Do you own your own home or do you rent? _____

13. What is the approximate market value, present mortgage balance, name of bank or other financing institution and monthly payments on any home owned by you in your own name, your spouse's name or jointly with your spouse or any other person? _____

14. Do you have any other assets not covered by the preceding questions in this statement?

15. My monthly income and expenses are as follows:

INCOME:

My salary..... _____

My spouse's earnings..... _____

Other income of mine or any
member of my immediate family..... _____

TOTAL..... _____

EXPENSES:

Rent or mortgage payment..... _____

Food..... _____

Utilities (heat, telephone, water, electric).. _____

Automobile expenses..... _____

Premiums on life or medical insurance policies _____

Repayment of loans.....
Name of creditor and amount.....

TOTAL.....

16. Do you authorize the Court to make any inquiries or investigation concerning the answers given by you in this affidavit? _____

17. If the answers in this questionnaire are not in your handwriting, were the questions and answers read to you and are your answers true? _____

(Signature) _____

(Print Name) _____

Sworn to before me this _____
day of _____.

Notary Public

AFFIDAVIT OF SERVICE OF MAILING

STATE OF NEW YORK _____)
COUNTY OF _____) **SS.:**

_____, being duly sworn,
says: On the _____ day of _____, I served a true copy of the annexed notice of motion and supporting affidavit by mailing the same in a sealed envelope, with postage prepaid thereon, in a post-office or official depository of the U.S. Postal Service within the State of New York, addressed to the last known addressee(s) as indicated below:¹

(Signature) _____

(Print Name) _____

Sworn to before me this _____
day of _____.

Notary Public

¹Insert name(s) and address(es) of the person(s) to whom you are mailing the papers being filed with this court.