

Pursuant to CPL 380.55 (2), counsel assigned to represent a defendant in a criminal action, on the ground that the defendant was financially unable to retain counsel, may use this form to certify that defendant continues to be eligible for assignment of counsel on the appeal, and that defendant has indicated an intent to appeal. Please send the original affirmation together with a copy of the notice of appeal and proof of service on the District Attorney and defendant to the Criminal Assigned Counsel Office, Supreme Court, Appellate Division, Third Judicial Department, P.O. Box 7288, Capitol Station, Albany, NY 12224-0288.

Supreme Court of the State of New York
Appellate Division, Third Judicial Department

The People of the State of New York,

Respondent,

against

Certification of Continued
Eligibility for Poor Person
Relief and Assignment of
Counsel on Appeal Pursuant
to CPL 380.55(2)

Ind/SCI No. _____

Defendant-Appellant.

_____, an attorney duly admitted to practice law in the State of New York, and not a party to the above-entitled action, affirms the following to be true under penalty of perjury, or if made on information and belief, believes them to be true:

1. I was assigned to represent defendant in the above-referenced criminal action, pursuant to Section 722 of the County Law, in the Supreme/County Court in the County of _____.
2. A notice of appeal was timely filed and served on the District Attorney from a _____ (insert judgment/sentence/order) dated _____. A copy of the notice of appeal is attached hereto.
3. Upon information and belief, defendant continues to be indigent and eligible for poor person relief and assignment of counsel on appeal pursuant to CPL 380.55(2).
4. Defendant has indicated an intention to pursue the appeal and requests that counsel be assigned for that purpose.
5. A copy of this certification has been served upon the District Attorney and provided to defendant.

Wherefore, it is respectfully requested that the Court issue an order assigning counsel on appeal and grant such other relief the Court deems just and proper.

Dated: _____

Attorney's Signature

Printed Name

Address _____

Telephone No. _____

Email Address _____

AFFIDAVIT OF SERVICE OF MAILING

STATE OF NEW YORK _____)

COUNTY OF _____) ss.:

_____, being duly sworn, deposes and says:

On the _____ day of _____, 20____, I served a true copy of the annexed certification 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:

Name & Address	Name & Address

(Signature) _____

(Print Name) _____

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

Notary Public