SUPREME COURT OF THE STATE OF NEW YORK APPELLATE DIVISION, FIRST DEPARTMENT People of the State of New York NOTICE OF MOTION FOR POOR PERSON RELIEF AND ASSIGNMENT OF COUNSEL -against-INDICTMENT NO. _____ Defendant-Appellant PLEASE TAKE NOTICE that upon the annexed affirmation of ______, dated the _____ day of _____, 20___, the defendant-appellant will move this Court at a term to be held at the Appellate Division Courthouse located at 25th Street and Madison Avenue, New York, N.Y., 10010, on _______, 20_____, at 10:00 a.m., for leave to appeal as a poor person and for assignment of counsel on appeal. Dated: To: District Attorney, _____ County Defendant-Appellant

Address of District Attorney

Defendant's Address

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

People of the State of New York Affirmation in Support of: Motion to Proceed as a Poor Person and -against-Assignment of Counsel INDICTMENT NO. Defendant-Appellant I, _____, affirm under the penalties of perjury under that: 1. I am the defendant-appellant in the above-captioned case, and I make this affirmation in support of my motion to proceed as a poor person and assignment of counsel on appeal. 2. I am presently in the custody of the Superintendent of _____ pursuant to a judgment of the Supreme Court, _____ County, rendered on ____ convicting me of _____ and sentencing me to _____ 3. I am unable because of my indigence to pay the costs, fees and expenses necessary to prosecute this appeal. I am currently incarcerated and am earning ______ per week in income. 4. I own \$ worth of real property. I do own a car. I do **not** own a car. 6. I have \$ in savings. I do collect unemployment I do **not** collect unemployment. I do collect alimony or support. I do **not** collect unemployment. I do collect a pension. I do **not** collect a pension. I do **not** have other sources of income. I do have other sources of income \Box 10. \square I was represented in Supreme Court by: 11. an attorney employed by the The Legal Aid Society **Bronx Defender Service** Neighborhood Defender Service,

OR

	A member of the 18-b Assigned Counsel Plan,	
	OR	
	other assigned counsel (explain)	
	OR retained counsel (explain retainer)	
	ing the trial proceedings, (check one box):	
□Iv	was incarcerated.	
	OR	
	was released on my own recognizance.	
	OR	
	was released on bail in the same of \$, which was posted	
	by (fill in details)	
with	Wherefore, I respectfully ask for an order permitting me to prosecution poor person and I be furnished with the stenographic transcript of the nout fee and that I be assigned an attorney to represent me on appeal are and further relief as may be proper and equitable.	nis action
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with othe	poor person and I be furnished with the stenographic transcript of the nout fee and that I be assigned an attorney to represent me on appeal are and further relief as may be proper and equitable. I affirm this day of,,,	nis action and for su under the