

PEOPLE OF THE STATE OF NEW YORK, Petitioner-Respondent,

V

**MOTION FOR PERMISSION TO APPEAL
AS A POOR PERSON AND FOR
ASSIGNMENT OF COUNSEL**

Defendant-Appellant.

(Insert SCI/Waiver or Indictment Number)

RETURN DATE OF MOTION

This motion will be returnable before the Supreme Court, Appellate Division, Fourth Department on the thirteenth day after the date of mailing to the District Attorney or the County Attorney (whichever is later). Should that day fall on a Saturday, Sunday, or Holiday, the motion will be returnable on the next working day.

STATE OF NEW YORK
COUNTY OF _____

I, _____, being duly sworn, depose and say:

1. I am the defendant-appellant herein and I hereby apply to the Appellate Division, Fourth Department, for permission to appeal as a poor person and for an attorney to be assigned to represent me on appeal.

2. I was convicted in _____ (Hon. _____, J.)
(Name of Court and County) (Judge)
on _____ of the crime(s) of _____
(Date **Sentenced**)

_____ after

(**check one**): a plea of guilty trial by (**check one**): jury non-jury.

3. In the trial court, I (**check one**) was represented by an assigned attorney (insert name): _____ was represented by a retained attorney (insert name) _____ was not represented by an attorney.

If counsel was retained please explain why similar funds are not available to retain appellate counsel _____

_____.

4. In the trial court, I (check one): did not post bail posted bail.

If you answered yes to posted bail please explain why these funds are not available to retain counsel on appeal _____

_____.

5. A notice of appeal was filed in the County Clerk's Office on (insert date) _____, and a copy was served on the District Attorney on (insert date)_____.

(Attach a copy of a timely filed notice of appeal and an affidavit of service of the notice of appeal on the District Attorney).

6. My present mailing address is (if incarcerated, state inmate number and correctional facility) _____

A. My date of birth is _____

B. I currently support _____ dependants in my present household, not including myself.

7. The following is a summary of my financial status:

A. PRESENT INCOME (If none, write none. Do not use "ditto" marks. Figures should reflect monthly income.)

	<u>Defendant</u>	<u>Spouse</u>
Employment Income	_____	_____
Place of employment	_____	_____
Length of employment	_____	_____
Unemployment benefits	_____	_____
Disability benefits	_____	_____
Social Security	_____	_____
Pension	_____	_____
Veterans and/or active service benefits	_____	_____
Welfare or SSI	_____	_____
Alimony or support	_____	_____
Rental income	_____	_____
Other	_____	_____
TOTAL	=====	=====

B. ASSETS (Must be completed)

Amount in savings, checking, trust accounts _____

Location of same _____

Cash on hand	_____	_____
Vehicles owned:	_____	_____
value	_____	_____
amount owing	_____	_____
Real estate owned:	_____	_____
value	_____	_____
amount owing	_____	_____
Other	_____	_____
TOTAL	=====	=====

C. PRESENT OBLIGATIONS: (Figures should reflect monthly payments made. Must be completed.)

	<u>Defendant</u>	<u>Spouse</u>
Rent/Mortgage	_____	_____
Alimony/Support	_____	_____
Medical	_____	_____
Other (description)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL	=====	=====

7. On the ____ day of _____, 20 ____, I mailed a completed copy of this form to _____ and _____ at _____ (Name of **District Attorney**) _____ (Name of **County Attorney**) at the addresses stated on the list provided.

(PRINT NAME BELOW SIGNATURE)

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

NOTARY PUBLIC/COMMISSIONER OF DEEDS

My commission expires: _____

NOTE

**SEND THE ORIGINAL COMPLETED FORM WITH A COPY OF THE TIMELY FILED AND
SERVED NOTICE OF APPEAL TO:
SUPREME COURT, APPELLATE DIVISION, FOURTH DEPARTMENT
50 EAST AVENUE, SUITE 200, ROCHESTER, NEW YORK 14604**

NOTE TO ASSIGNED COUNSEL:

Court rules require that assigned counsel shall ascertain whether defendant wishes to appeal or to apply for permission to appeal and, if so, counsel shall serve the necessary notice of appeal or application for permission, file the necessary notice of appeal or application for permission with proof of service on or an admission of service by the opposing party and, when appropriate, move for permission to proceed as a poor person and assignment of counsel on the appeal, pursuant to section 1000.14 of this Title (22 NYCRR 1000.14).