

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

MATTER OF

**NOTICE OF MOTION FOR POOR PERSON
RELIEF AND ASSIGNMENT OF COUNSEL**

(Insert Family Court Docket Number)

(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 of the following) appellant respondent permission to (check one) appeal respond to an appeal as a poor person and for assignment of counsel from an order of the Family Court as set forth in the accompanying notice of appeal and order (attach notice of appeal and order appealed), and for such other and further relief as to the Court may seem just and proper.

PLEASE TAKE FURTHER NOTICE that this motion will be submitted without oral argument (see 22 NYCRR 1250.4 [a] [8]). The original answering affidavits, if any, must be filed with the Court by 4:00 p.m. of the business day preceding the return date (see 22 NYCRR 1250.4 [a] [5]).

Dated: _____

(Name and address of moving party or attorney)

TO: _____ County Attorney

and

Names and addresses of opposing parties and Attorney
for the Child, if any (use additional sheet if necessary)

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

MATTER OF) AFFIDAVIT IN SUPPORT OF
) MOTION TO APPEAL AS A
) POOR PERSON AND FOR
) ASSIGNMENT OF COUNSEL
)
) # _____
(INSERT TITLE OF ACTION ABOVE)) (Insert Family Court Docket 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 Family 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 in Family Court.
 retained to represent me in Family Court.

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)

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	_____	_____

(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 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 ATTORNEY FOR THE CHILD, IF ANY, AND 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

_____)
 MATTER OF)
)
) **AFFIDAVIT OF SERVICE BY**
) **MAIL OF MOTION FOR**
) **POOR PERSON RELIEF AND**
) **ASSIGNMENT OF COUNSEL**
)
) # _____
) (Insert Family Court Docket 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 as a Poor Person and for Assignment of Counsel** 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 the United States, 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: _____