

County of _____

Index No.: _____

Part

in the matter of the Application of

to prosecute as a poor person against

State of New York, County of _____ ss:

_____, being duly sworn, deposes and says:

AFFIDAVIT IN SUPPORT OF
AN APPLICATION TO PROCEED
AS A POOR PERSON
AND AUTHORIZING THE STATE
TO PAY THE COSTS
FOR THE PRODUCTION OF
A STENOGRAPHIC TRANSCRIPT

1. I am the party named as _____ in the above titled action.

2. The case was tried before Judge _____.

3. I request that an Order be granted:

AUTHORIZING THE STATE TO PAY THE COSTS FOR THE STENOGRAPHIC TRANSCRIPT.

The estimate* of the costs for the production of the transcript is \$ _____

*[*Attach estimate(s) and total them if more than one.]*

If no Notice of Appeal is to be filed, but a request for the State to pay the costs for the production of a transcript is being submitted, please state why the transcript is needed _____.

4. I make this application based on CPLR §1101. I do not have, nor am I able to obtain, the funds needed to file a Notice of Appeal and/or to pay for the stenographic transcript. I will be unable to proceed unless the Order is granted.

5. I am/am not a recipient of Public Assistance from the Department of Social Services of the City of New York.
(strike one).

6. I have no income other than the sum of \$ _____ per _____ from _____.

7. I own no property of any kind except necessary personal wearing apparel and _____.

8. No other person is beneficially interested in the recovery sought.

9. a) I have not made a previous application for this or similar relief

b) I have made previous application(s) for this or similar relief, but I am making this further application

because _____

Sworn to before me this ____ day of _____ 20__ -- Sign your name _____

Signature of Court Employee and Title

Print your address

Telephone Number _____