STATE OF NEW YORK SUPREME COURT, APPELLATE DIVISION THIRD JUDICIAL DEPARTMENT P.O. BOX 7288, CAPITOL STATION ALBANY, NY 12224

INSTRUCTIONS FOR MOVING FOR PERMISSION TO PROCEED AS A POOR PERSON AND FOR ASSIGNMENT OF COUNSEL ON A FAMILY COURT APPEAL

- 1) At the top of the attached form is a Notice of Motion. The title of the case should be placed on the left hand side of the form and it should be written as the title appeared on the order or judgment appealed from. This is the caption. Below the caption is a sentence which begins "Please take notice...". The first date to be filled in is the date the attached affidavit in support of the motion was notarized. The second date to be filled in is the return date of the motion, which should be a Monday after service of the motion papers upon all parties as described in paragraph 2 below.
- The motion papers should be served on all parties (if a party is represented by an attorney, service of a copy should be made upon the attorney and if a party is represented by the Office of the Attorney General, service of a copy should be made upon that office), and on the County Attorney of the County in which the papers from the lower court were filed and any Attorney for the Child. If service of the motion papers is done by personal delivery, the motion should be made returnable on a Monday at least eight (8) days after such service. If service of the motion papers is done by mail, the motion should be made returnable on a Monday at least thirteen (13) days after the motion papers are mailed.
- As soon as possible after service of copies of the motion papers, the original motion papers, as well as proof that you have served the motion papers on the other parties, the County Attorney and the Attorney for the Child, should be forwarded to this office. If the motion is being made in connection with an appeal to this Court, you should also attach to the motion papers a copy of the order or judgment being appealed from, the decision, if any, upon which the order or judgment was based, and a copy of the notice of appeal.
- 4) THERE WILL NOT BE ORAL ARGUMENT ON THE RETURN DATE OF THE MOTION.

Please fill in the <u>underlined</u> spaces in the following form. Return the <u>original</u> to this Court, forward <u>one</u> copy to each of your adversaries, forward <u>one</u> copy to the County Attorney, one copy to the Attorney for the Child and keep one for your records.

STATE OF NEW YORK	SUPREME COURT	
APPELLATE DIVISION	THIRD DEPARTME	<u>NT</u>
IN THE MATTER OF	Petitioner(s) ,	NOTICE OF MOTION FOR PERMISSION TO PROCEED AS A POOR PERSON/ ASSIGNMENT OF COUNSEL ON APPEAL OF AN ORDER OF FAMILY COURT
	, Poppordont(a)	Family Court Docket No./ Index No.:
Г	Respondent(s) .	Appellate Division Case No.
	, a motion will be m	ade to this court, on the day of y New York, for an order
Dated:		
	(Signature) (Print Name) (Address)	
	-	(Your name, address and telephone number)
DIN	I # (if applicable)	
	(Telephone)	

PLEASE TAKE NOTICE that, pursuant to section 800.2 (a) of the Rules of this Court, this motion will be submitted on the papers, and the personal appearance of counsel or the parties is neither required nor permitted.

AFFIDAVIT IN SUPPORT OF MOTION

STATE OF NEW YORK COUNTY OF , being duly sworn, deposes and says that I make this affidavit in support of my application for poor person status and assignment of counsel. My full name and date of birth is: 1. 2. What is the nature of the above entitled proceeding? 3. I am appealing from a judgment/order of Court, County, which provides as follows: (Please attach hereto a copy of the order or judgment appealed from, the decision, if any, upon which the order or judgment is based, and a copy of your notice of appeal.) 4. a. An order or judgment has been entered in the Office on _______, 20 A copy of that order or judgment was served on me on , 20 . Have you filed an original and two copies of any notice of appeal with the Clerk of the Yes No appropriate court? If yes, when? If yes, have you served a copy of the notice of appeal on your adversaries and the d. Yes No ____ attorney for the child? If yes, when? Yes _No ____ Were you represented by counsel? e. Counsel's name and address: (if applicable)

Revised: February 19, 2014

f.	Was couns	el assigned or ret	tained?	Assigned	Retaii	ned
-		-		court below, sta	ate the nam	e and address of
What	relief are yo	u seeking by this	motion?			
				that there is me	rit to your a	ppeal? (Attach
			and expenses	necessary to ma	aintain the a	appeal?
Are yo	ou	Single	Married	Separa	ated	Divorced
If mari	ried, what is				<u> </u>	
What	are the first	names and ages	of your childre	n?		
				-		
	What addition of the person of	If you were represe person who paid he person who paid he what relief are you What facts are presented additional documents Are you able to pay Yes Are you If married, what is	What relief are you seeking by this What facts are present to support y additional documentation, if necess Are you able to pay the costs, fees Yes No Are you Single If married, what is the name of your	What relief are you seeking by this motion? What facts are present to support your contention additional documentation, if necessary.) Are you able to pay the costs, fees and expenses Yes No Are you Single Married If married, what is the name of your spouse?	What relief are you seeking by this motion? What facts are present to support your contention that there is me additional documentation, if necessary.) Are you able to pay the costs, fees and expenses necessary to may be a pay the costs of the costs.	If you were represented by retained counsel in the court below, state the name person who paid his/her fee and the amount. What relief are you seeking by this motion? What facts are present to support your contention that there is merit to your a additional documentation, if necessary.) Are you able to pay the costs, fees and expenses necessary to maintain the area of your spouse? Are you Single Married Separated If married, what is the name of your spouse?

10.	What is your occupation? If you are a student, indicate the school which you attend and the name and address of the person who is paying your tuition, room and board.				
11.	Are you are employed? Yes No If yes, please state your weekly salary and provide the name and address of your employer. Please provide a copy of your most recent pay stub.				
12.	If married and your spouse is employed, what is his/her weekly gross salary and the name and address of his/her employer?				
13.	Do you receive support from anyone? Yes No If yes please provide the name, relationship, address and the amount of support provided to you.				

14.	Do yo	ou su	oport anyone?	Yes No	_ If yes, please pr	ovide the name, relation	onship,
	addre	ess ar	nd the amount of	support you provic	le		
15			n real estate eithe	ar by vourself or w	ith someone else?	Yes No	
10.	-			ellowing information			_
	a.	-	er owner(s) (if any	_			
	a.	Otti	er owner(3) (ii an	y). 			
	b.	Loc	ation (street addre	ess mailing addre	ess; Town, County,	State):	
	V.	200	anon (on oot addit	ooo, mailing addre	oo, rown, county,	Oldio).	
	C.	Cur	rent value, includi	ing improvements	 :		
	d.				additional sheet if	required):	
		1.		mortgagee or lien		• ,	
			,	0 0			
		2.	Balance due:				
				_			
16.	List th	ne loc	ation and amount	t of any savings or	checking account	s held in your name or	jointly
	with	other	rs (Attach addition	al sheet if require	d):		
			Location (Bank)	<u>Type</u>	<u>Owners</u>	<u>Balance</u>	
				_	_		
				_	_		
				_	_		

Revised: February 19, 2014

17.	List any stocks, bonds, trusts or cash on hand owned by you in which give the type, location and value of each (Attach additional sheet if re	
18.	Please state the year, make model and value of any motor vehicle(s amount of any existing loan(s):	e) owned by you and the
19.	Do you own any other assets not listed above? Yes No	_
20.	If yes please describe the assets(s) and state the value (Attach addi	tional sheet if required):
21.	My monthly income and expenses are as follows: INCOME:	
	My salary	
	My spouse's earnings	
	Other income	
	TOTAL	
	EXPENSES:	
	Rent or mortgage payment	
	Food	
	Utilities (heat, telephone, water, electric, cable)	
	Automobile expenses	
	Premiums on life or medical insurance policies	
	Repayment of loans	
	Name of creditor and amount	
	Other obligations, including alimony /support	
	TOTAL	

22.	Is any other person benefic	cially interested in	n any recov	ery sought herein?	Yes	No
	If so, is such person able to	pay the costs,	fees and ex	penses of maintaining	g the appea	al?
	Yes No					
23.	Do you authorize the Court given	to make any inc	quiries or in	vestigation concerning	g the answ	ers
	to you in this affidavit?	Yes	_ No			
24.	Did someone else complete	e this form on yo	our behalf?			
		Yes	No			
25.	If "yes" to question 24, were	e the questions a	and answer	s read to you and are	your	
	answers true?	Yes	_ No			
		(Signature)				
Swo	orn to before me this					
day	of,	·				
	Notary Public					

AFFIDAVIT OF SERVICE OF MAILING

STATE OF NEW YORK)
COUNTY OF	_) ss.:
, being duly sworn, d	eposes and says:
	, 20 , I served a true copy of the
annexed notice of motion and supporting affidavi	
	al depository of the U.S. Postal Service within the
State of New York, addressed to the last known a (Insert here the name[s] and address[es] of the perfilled with this Court. If necessary, attach extra page	erson[s] to whom you are mailing the papers being
Name & Address	Name & Address
(Signature)	
(Print Name)	
Sworn to before me this	
day of	
Notary Public	

Revised: February 19, 2014