

STATE OF NEW YORK : SUPREME COURT
APPELLATE DIVISION : FOURTH DEPARTMENT

PEOPLE OF THE STATE OF NEW YORK
Respondent

- vs -

**MOTION FOR PERMISSION TO
APPEAL AS A POOR PERSON**

Ind. No.

CLIENT'S NAME
Defendant/Appellant

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 ERIE) SS:

_____, being duly sworn, deposes and says:

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 NAME OF COURT AND COUNTY
on DATE OF SENTENCE of the crime(s) of SPECIFY CRIMES CONVICTED OF
after a PLEA OF GUILTY/TRIAL by JURY/NON-JURY trial.

3. My attorney was _____, ESQ., and a Notice of Appeal was filed in the County Clerk's Office on DATE and a Notice and a Notice of Appeal was served on the District Attorney on DATE.

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

5. 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)

	<u>Defendant</u>	<u>Spouse</u>
Savings, checking, trust accounts	_____	_____
Location of same	_____	_____
Cash on hand	_____	_____
Vehicles owned:	_____	_____
Value	_____	_____
Amt. owing	_____	_____
Real estate owned:	_____	_____
Description	_____	_____
Value	_____	_____
Amt. owing	_____	_____
Other	_____	_____
TOTAL	_____	_____

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

Rent/Mortgage	_____	_____
Alimony/Support	_____	_____
Medical	_____	_____
Other (description)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL	_____	_____

6. On the _____ day of _____, 20____, I mailed a completed copy of this form to FRANK A. SEDITA, III., ESQ. and CHERYL GREEN, ESQ., at the addresses stated on Exhibit “A”.

NAME, Appellant

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

Notary Public

EXHIBIT “A”

[REDACTED]

[REDACTED]

NOTE:

PLEASE MAIL THIS ORIGINAL FORM (PLUS ONE) TO:

**SUPREME COURT, APPELLATE DIVISION, FOURTH DEPARTMENT
50 EAST AVENUE, SUITE 200
ROCHESTER, NEW YORK 14604**