

FORM 5A

Appellate Term Docket No. _____

Choose one:

() to be submitted

() to be argued

APPELLATE TERM OF THE SUPREME COURT
2nd, 11th & 13th AND 9th & 10th JUDICIAL DISTRICTS

_____x

v.

_____x

BRIEF OF APPELLANT

Signature: _____

Name:

Address:

Telephone No.:

COVER FOR BRIEF

FORM 5A

APPELLATE TERM OF THE SUPREME COURT
2nd, 11th & 13th AND 9th & 10th JUDICIAL DISTRICTS

_____X

v.

_____X

STATEMENT PURSUANT TO RULE 5531 OF THE CPLR

1. The index number in the Court below is:
2. The full names of the original parties are:
(indicate any changes in the title)
3. Action was commenced in the _____ Court, _____ County.
4. Date action was commenced:
Date each pleading was served (disregard if not applicable):
5. Brief description of the nature and object of the action:
6. Is appeal from a judgment or an order? (if more than one specify):
Date of each judgment or order:
Name of judge or justice rendering each of the above:
7. This appeal is on the original record pursuant to the rules of this court.

(signature)

Note: Your statement as to why the Appellate Term should rule in your favor should follow this page.

FORM 5A

APPELLATE TERM OF THE SUPREME COURT
2nd, 11th & 13th AND 9th & 10th JUDICIAL DISTRICTS

_____X

v.

_____X

CERTIFICATION PURSUANT TO §22NYCRR 130-1.1-a

I hereby certify Pursuant to § 22 NYCRR 130-1.1-a(b) that to the best of my knowledge, information and belief, after an inquiry reasonable under the circumstances, that the contents of this document are not frivolous.

Dated: _____

_____, New York

(signature)

Print Name:

NOTE: This document is not required in relation to appeals from criminal courts, town or village courts or the small claims part of any court.

AFFIDAVIT OF SERVICE BY MAIL

STATE OF NEW YORK, _____ S.S.:
(COUNTY WHERE SWORN TO)

_____, being duly sworn, deposes and says, that deponent is NOT a party to the action, is over 18 years of age and resides at _____

(ADDRESS OF PERSON WHO SERVES PAPERS)

That on the _____ day of _____, 2____ deponent served the within Appellant's Brief upon opponent(s)

(NAME OF OPPONENT[S])

at _____

(ADDRESS OF OPPONENT[S])

(or if the opponent[s] is [are] represented by attorney[s])

upon _____ attorney(s) for opponent(s)

(NAME OF ATTORNEY[S])

at _____

(ADDRESS OF ATTORNEY[S])

the address designated by said opponent(s) or said attorney(s) for that purpose by depositing a true copy of same enclosed in a postpaid properly addressed wrapper, in --a post office -- official depository under the exclusive care and custody of the United States Post Office Department within the State of New York.

(SIGNATURE)

(To be completed by Notary Public at the time affidavit is signed)

Sworn to before me this

_____ day of _____, 2_____

Notary Public