

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

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V.

NOTICE OF MOTION  
TO REARGUE OR  
FOR LEAVE TO  
APPEAL TO THE  
APPELLATE DIVISION  
2<sup>ND</sup> DEPARTMENT

APP TERM Docket No.

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Please take notice that upon the annexed affidavit of \_\_\_\_\_ dated the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_ the \_\_\_\_\_ will move this Court at a term thereof to be held at the Courthouse of the Appellate Term of the Supreme Court, 2nd, 11th & 13th and 9th & 10th Judicial Districts, at 141 Livingston Street, 15<sup>th</sup> Floor, Brooklyn, New York 11201, on the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_ at 10:00 o'clock in the forenoon of that day or as soon thereafter as can be heard, for an order granting reargument of the order of this court dated \_\_\_\_\_, 2\_\_\_\_ or, in the alternative for leave to appeal from said order to the Appellate Division, Second Department.

Yours,

\_\_\_\_\_  
(sign your name)

PRINT your name  
your address  
including city, state and zip code  
telephone number

TO: NAME OF OPPONENT OR ATTORNEY (if opponent is represented by an attorney)

**NOTE: On the return date, all motions and proceedings are deemed submitted. Oral argument is not permitted (22 NYCRR 731.7 & 732.**

FORM 6

SUPREME COURT OF THE STATE OF NEW YORK  
APPELLATE TERMS: 2<sup>ND</sup>, 11<sup>TH</sup> & 13<sup>TH</sup> OR 9<sup>TH</sup> & 10<sup>TH</sup> JUDICIAL DISTRICTS

**AFFIDAVIT IN SUPPORT OF  
MOTION TO FOR LEAVE TO  
REARGUE AND/OR LEAVE TO  
APPEAL TO THE APPELLATE  
DIVISION, 2<sup>ND</sup> DEPARTMENT**

-against-

Appellate Term Docket Number:

\_\_\_\_\_

Lower Court Index No. \_\_\_\_\_

\_\_\_\_\_  
State of New York )  
County of \_\_\_\_\_ ) s.s.:

I, \_\_\_\_\_, being duly sworn,  
depose and say that:

1. I am the \_\_\_\_\_ in the above entitled proceeding  
and make this affidavit in support of the motion for leave to reargue this court's decision  
and order dated \_\_\_\_\_ or for leave to appeal to the Appellate Division,  
Second Department.

2. The type of the above entitled proceeding is as follows:

- |                          |                                 |                          |              |
|--------------------------|---------------------------------|--------------------------|--------------|
| <input type="checkbox"/> | Landlord & Tenant (non-payment) | <input type="checkbox"/> | Small Claims |
| <input type="checkbox"/> | Landlord & Tenant (holdover)    | <input type="checkbox"/> | Other: _____ |
| <input type="checkbox"/> | Civil                           |                          |              |

**My grounds or reasons are as follows:**

3.

4.

5.

6. No previous application has been made for the relief requested herein except:  
(If any previous application has been made, it must be described below.)

WHEREFORE, I request that the court grant reargument or leave to appeal to the Appellate Division, Second Department.

Dated: \_\_\_\_\_, 2\_\_\_\_  
\_\_\_\_\_, New York  
\_\_\_\_\_

\_\_\_\_\_

(SIGNATURE OF PERSON MAKING APPLICATION - BEFORE A NOTARY PUBLIC)

Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC: STATE OF NEW YORK

## **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 Motion to Reargue or for Leave to Appeal to the Appellate Division 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