

Appellate Term Docket No. _____

Choose one:
() to be submitted
() to be argued

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

PEOPLE OF THE STATE OF NEW YORK,

v.

_____X

BRIEF OF APPELLANT

Signature: _____

Name:
Address:

Telephone No.:

COVER FOR BRIEF

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

_____x

PEOPLE OF THE STATE OF NEW YORK,

v.

_____x

STATEMENT PURSUANT TO RULE 5531 OF THE CPLR

1. The index number in the Court below is:
2. Appeal is from a judgment of conviction of the _____ Court,
_____ County.
3. Defendant was found guilty of:
4. Defendant was sentenced to:
5. Date of sentence:
6. Name of sentencing Judge:
7. This appeal is on the original record pursuant to the rules of this court.

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

_____x

PEOPLE OF THE STATE OF NEW YORK,

v.

_____x

PRELIMINARY STATEMENT PURSUANT TO 22 NYCRR 731.2(c)(3)
OR 22 NYCRR 732.2(c)(3)

1. Was there a stay or suspension of the execution of sentence pending appeal? _____.

2. If there was a stay,
 - a) State the name of the Judge who granted the stay:
_____.
 - b) State the date of the order: _____.
 - c) State whether the defendant is free on bail or free on his own recognizance: _____.

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
(NAME OF ATTORNEY[S])

opponent(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_____