

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

V.

NOTICE OF MOTION
FOR LEAVE TO
APPEAL AS A POOR
PERSON (CIVIL)

Appellate Term Docket No.

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, 15th 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 poor person's relief, including free transcripts and waiver of filing
fees, if any.

Yours,

(sign your name)

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

TO: NAME OF OPPONENT / ATTORNEY (if opponent is represented by an attorney)
and THE ATTORNEY FOR THE COUNTY (Corporation Counsel, if in City of New York)

**NOTE: On the return date, all motions and proceedings are deemed submitted.
Oral argument is not permitted (22 NYCRR 731.7 & 732.7).**

APPELLATE TERMS OF THE SUPREME COURT

2nd, 11th & 13th Judicial Districts and 9th & 10th Judicial Districts

v.

**Affidavit in Support of
Motion for Leave to Appeal
as a Poor Person in a
Civil Matter**

Appellate Term Docket No.: _____
Lower Court Number: _____

State of New York)
County of _____) s.s.:

I, _____, being duly sworn, depose and say that:

1. Full Name: _____

Address: _____

Telephone No.: _____

Date of Birth: _____

Social Security Number: _____

2. Marital Status: (check one)

Single (); Married (); Separated (); Divorced ()

3. Give names and ages of all dependents:

FORM 4B

4. (a) State your usual occupation/profession:

(b) Are you or your spouse presently employed?

Yes No

(c) State name and address of your employer and your gross monthly salary received:

(d) State your spouse's occupation/profession:

(e) State name and address of spouse's employer and gross salary received:

(f) Are you suffering from any physical disability that prevents your performing duties necessary to your occupation/profession?

5. If you are on public assistance of any type, please specify, (give case worker's name and phone number also).

6. Number of exemptions claimed on your income tax forms:

7. List all of the following:

A) Bank accounts (Savings and Checking):

 Include name, location and amount
 (use separate sheet if necessary):

B) Insurance Policies (include company and amount):

C) Stocks and Bonds-Savings Certificates (include name and amount):

FORM 4B

D) Real Estate (address including zip code):

1-Purchase date and price:

2-Amount of monthly mortgage payments:

3-Payments remaining:

E) Car(s):

1- Make, Model and Year:

2- If financed, number and amount of payments remaining:

F) Any other investments in your name or your immediate family's name:

8. My monthly income and expenses are as follows:

A) Income:

My salary:

My spouse's salary:

Welfare Payment:

Case # and Center:

Social Security Payment:

Other Income:

Total Income:

FORM 4B

B) Expenses:

Rent/Mortgage Payment:

Food:

Clothing:

Utilities (Electric, Gas, Telephone, Heat, Water):

Automobile Expenses:

Repayment of Loans:

Other Expenses:

(specify):

Total Expenses:

C) If you show no income or a monthly income far less than your monthly expenses, state how you are obtaining the basic necessities such as food, clothing and shelter.

Other comments:

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 for Leave to Appeal as a Poor Person 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

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 for Leave to Appeal as a Poor Person
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