

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

\_\_\_\_\_

V.

NOTICE OF MOTION  
TO  
DISMISS APPEAL

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 dismissing the appeal for lack of prosecution: taken by the \_\_\_\_\_ from the \_\_\_\_\_ entered on the \_\_\_ day of \_\_\_\_\_, 2\_\_\_.

Yours,

\_\_\_\_\_

(sign your name)

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

TO: \_\_\_\_\_ (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 & 732.7).**

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

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**AFFIDAVIT IN SUPPORT OF  
MOTION TO DISMISS**

Appellate Term Docket Number:

\_\_\_\_\_

-against-

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 to dismiss the appeal.

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

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

FORM 2A

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

3.

(8/12)

4.

5.

6.

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

8. I have no other person available to effectuate service of this order to show cause and therefore request permission to serve this order myself.

WHEREFORE, I request that the court grant me the following relief: dismissal of the appeal.

Dated: \_\_\_\_\_, 2\_\_\_\_

\_\_\_\_\_, New York

\_\_\_\_\_  
(SIGNATURE OF PERSON MAKING MOTION -  
SIGNED 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 Dismiss Appeal \_\_\_\_\_ 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\_\_\_\_\_