

APPEALED ARTICLE 78

*New York State Supreme Court
Appellate Division, Third Judicial Department
P.O. Box 7288, Capitol Station
Albany, New York 12224*

App Div. Case No. _____ **Supreme Ct. Index No.** _____ **Date of Birth** _____

TITLE: MATTER OF _____

Fill in the blank spaces pertinent to your application. Complete three (3) copies: mail one to the Attorney General (NYS Attorney General, The Capitol, Albany, NY 12224); return the original, sworn to before a notary public, to this office together with a copy of the decision and judgment which you are appealing; and retain the third copy for your records.

NOTE: NO APPEAL LIES FROM A DECISION, OPINION OR MEMORANDUM OF A COURT OR JUDGE BUT ONLY FROM A JUDGMENT OR ORDER. You must, 30 days fromn the date of the judgment or order you are appealing, serve a notice of appeal upon the Attorney General and file a copy of such notice with the County Clerk of the county in which the judgment or order was entered.

I. My present application is for:

- (a) Permission to appeal as a poor person _____
 - (b) Assignment of counsel _____
 - (c) Extension of time to perfect appeal _____
 - (d) Other relief (state nature thereof) _____
- _____

II. (a) I am appealing from a judgment of the Supreme Court of _____ County entered _____, which provides as follows:

- III. (a) Court to which you applied for relief _____
- (b) Was a hearing had at which testimony was taken _____
- (c) If so, give the date or dates of such hearings _____
- (d) Has an order or judgment denying relief been entered in the County Clerk's Office _____ If so, when _____

- (e) Has a copy of that order or judgment been served upon you ___ if so,
when _____
- (f) Have you filed a copy of the notice of appeal in the County Clerk's office,
If yes, when _____
- (g) Have you served a copy of the notice of appeal on the Attorney General
If yes, when _____
- (h) Were you represented by counsel _____
Counsel's name and address: _____

- (i) Was counsel assigned or retained _____

Signature

Print Name & Address:

Id Number:

ATTACH A COPY OF THE NOTICE OF APPEAL and ORDER APPEALED FROM

STATE OF NEW YORK)
COUNTY OF _____) ss.

_____, being duly sworn, says: I have read the foregoing answers and the same are true to the best of my knowledge and belief. On the ___ day of _____, _____ I mailed a completed copy of this form to the Attorney General.

Signature

Sworn to before me this _____ day
of _____, _____.

Notary Public

(Revised 9-18-01)