

STATE OF NEW YORK
APPELLATE DIVISION

SUPREME COURT
THIRD DEPARTMENT

THE PEOPLE OF THE STATE OF NEW YORK

v

**Application for
Leave to Appeal
Pursuant to CPL 460.15**

Defendant.

Please take notice that, pursuant to CPL 460.15, application will be made to a Justice of the Supreme Court, Appellate Division, Third Department, at the next motion day of said court more than 13 days after service hereof, at the City of Albany, New York, for an order granting leave to appeal from the order of the County Court, _____ County, which denied a post-conviction motion.

AFFIDAVIT IN SUPPORT OF MOTION

STATE OF NEW YORK
COUNTY OF _____ ss.:

_____, being duly sworn, deposes and says:

1. I seek leave to appeal from an order of the County Court of _____ County, dated _____, which denied my application for post-conviction relief Attached are copies of:
 - A. My application to County Court for post-conviction relief, dated _____.
 - B. Affidavit or affirmation of _____, District Attorney/ Assistant District Attorney of _____ County, dated _____, in opposition.
 - C. Decision of Judge _____, dated _____, which denied my application.
 - D. Order dated _____.¹

¹ County Court may have issued a decision on your application for post-conviction relief and, thereafter, entered an order on that decision. If so, attach copies of both documents. If, however, County Court denied your application in a combined decision-order, attach only a copy of that document.

2. The denial of my post-conviction application was error for the following reasons:

3. The contentions that I will raise on this appeal, if leave to appeal is granted, have not previously been presented and passed upon by this or any other appellate court.

4. A copy of this application is being sent by mail to the District Attorney of _____ County this _____ day of _____, _____ .

(Signature)

Print Name: _____

Address: _____

Sworn to before me this _____ day
of _____, _____

Notary Public