

FAMILY COURT

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

APP DIV. CASE NO. _____ **FAMILY CT. DOCKET NO.** _____

TITLE: MATTER OF _____

Fill in the blank spaces pertinent to your application. Complete five (5) copies: mail one to the county attorney, one to your adversary and one to the Law Guardian; return the original, sworn to before a notary public, to this office together with a copy of the decision and order which you are appealing and a copy of your notice of appeal; and retain the fifth copy for your records.

NOTE: NO APPEAL LIES FROM A DECISION, OPINION OR MEMORANDUM OF A COURT OR JUDGE BUT ONLY FROM AN ORDER. You must, within the time period set forth in Family Court Act § 1113, file an original and two copies of a notice of appeal with the Clerk of the Family Court. In addition, you also serve a copy of the notice of appeal upon the county attorney, the attorney for your adversary and, where appropriate, the Law Guardian.

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 an order of the Family Court, _____ County, entered _____, which provides as follows:

- (b) Was a hearing had at which testimony was taken? _____
- (c) If so, give the date or dates of such hearings. _____

- (d) Date the order appealed from was served upon you: _____
- (e) Have you filed an original and two copies of the notice of appeal with Clerk of Family Court? _____ When? _____
- (f) Have you served a copy of the notice of appeal on the County Attorney? _____ When? _____

(g) Have you served a copy of the notice of appeal on your adversary's attorney? _____

Attorney's name and address: _____

- (h) Have you served a copy of the notice of appeal on the Law Guardian? _____
 Law Guardian's name and address: _____

- (i) Were you represented by counsel in Family Court? _____
 Counsel's name and address: _____

- (j) Was counsel assigned or retained? _____

Dated: _____

 (Your signature)

 (Print your name, address and telephone 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 _____, 200__ I served a true copy of this application by mailing the same in a sealed envelope, with postage prepaid thereon, in a post-office or official depository of the U.S. Postal Service within the State of New York, addressed to the last known addressee(s) as indicated below:¹

 (The County Attorney, the attorney for my adversary and the Law Guardian)

 Signature (Print name below signature)

Sworn to before me this _____
 day of _____, _____

 Notary Public
 (Revised 10-21-99)

¹Insert names and addresses of the person(s) to whom you are mailing the papers being filed with this court. Please note that you must serve the County Attorney, the opposing party(ies) or their attorney(s) and the Law Guardian, if any.