

**DIRECTIONS:** Failure to properly complete this application may result in its denial. Provide all requested information by completely filling in all blank spaces. You must sign your name before a Notary Public. File the original application with this Court together with proof of service of a copy of the application upon the appropriate District Attorney. The affidavit of service must also be signed before a Notary Public. Keep one copy of the application for your records. Applications are treated as motions and made returnable on a Monday after proper service upon the District Attorney.

**Note:** A timely filed notice of appeal is required for this application to be considered.

STATE OF NEW YORK SUPREME COURT  
APPELLATE DIVISION THIRD DEPARTMENT

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THE PEOPLE OF THE STATE OF NEW YORK,

v

APPLICATION FOR A  
WAIVER OF COSTS,  
FEES AND EXPENSES  
AND ASSIGNMENT OF  
COUNSEL

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Defendant.

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Indictment/SCI No.:

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PLEASE TAKE NOTICE that, application will be made to this Court, at the next available motion day of said Court, in the City of Albany, New York for an order granting a waiver of costs, fees and expenses, and assignment of counsel.

**AFFIDAVIT IN SUPPORT OF MOTION**

STATE OF NEW YORK

COUNTY OF \_\_\_\_\_ ss.:

\_\_\_\_\_, being duly sworn, deposes and says that I am the appellant and I make this affidavit in support of my application to waive costs, fees and expenses, and assignment of counsel.

1. My date of birth is: \_\_\_\_\_
2. My address is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. My DIN is (if assigned): \_\_\_\_\_

4. I am appealing from a conviction and resulting sentence or resentence, having been convicted after a trial  or after a plea of guilty .

a. I was convicted of the following crime(s):

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b. I was convicted in the following county:

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c. I was sentenced on:

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d. Name and address of trial counsel:

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e. Was that attorney assigned by the trial? Yes  No

f. If your attorney was **not** assigned, please state the amount of the fee paid, who paid the fee, and why similar funds are not available to retain appellate counsel.

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5. If you are **not** appealing from a conviction and sentence or resentence, please state what you are appealing?

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6. a. Were you released on bail during the trial proceedings? Yes  No

If yes, and you are currently in custody, please state why the funds used to post such bail are not available to retain appellate counsel.

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b. Were you released on bail **after** being sentenced? Yes  No

If yes, please state the amount and give the name of the person who provided the money or collateral and who paid the premium on the bond.

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7. Do you receive financial support from anyone? Yes  No

If yes, please provide the name, relationship and address of this person or persons and the amount of support provided to you.

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8. Are you employed? Yes  No

If yes, please state your weekly salary and provide the name and address of your employer.  
Please provide a copy of your most recent pay stub. \_\_\_\_\_

9. Do you provide financial support to anyone? Yes  No

If yes, please provide the name, relationship and address of the person or persons and the amount of support you provide. \_\_\_\_\_

10. Do you own real estate either by yourself or with someone else? Yes  No

If yes, please provide the following information:

a. Other owner(s) (if any): \_\_\_\_\_

b. Location (street address; mailing address; Town; County; State):

\_\_\_\_\_  
\_\_\_\_\_

c. Current value, including improvements: \_\_\_\_\_

d. Existing mortgages and/or liens (attach additional sheet if required):

1. Name of bank, mortgagee, or lien holder: \_\_\_\_\_

\_\_\_\_\_  
2. Balance due: \_\_\_\_\_

11. List the location and amount of any savings or checking accounts held in your name or jointly with others (attach additional sheet if necessary):

<u>Location (Bank)</u>	<u>Type</u>	<u>Owner(s)</u>	<u>Balance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. List any stocks, bonds, trusts or cash on hand owned by you in which you have any benefit and give the type, location and value of each (attach additional sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_

13. Please state the year, make, model and value of any motor vehicle(s) owned by you and the amount of any existing loan(s):

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14. Do you own any other assets not listed above? Yes  No

If yes, please describe the asset(s) and state the value (attach additional sheet if necessary):

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15. My monthly income and expenses are as follows:

**INCOME:**

My salary or wages \_\_\_\_\_

My spouse's salary or wages (if applicable) \_\_\_\_\_

Other income \_\_\_\_\_

**TOTAL** \_\_\_\_\_

**EXPENSES:**

Rent or mortgage payment \_\_\_\_\_

Food \_\_\_\_\_

Utilities (heat, telephone, water, electric, cable) \_\_\_\_\_

Automobile expenses \_\_\_\_\_

Premiums on life or medical insurance policies \_\_\_\_\_

Repayment of loans \_\_\_\_\_

Name of creditor and amount \_\_\_\_\_

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Other obligations, including maintenance and/or support \_\_\_\_\_

**TOTAL** \_\_\_\_\_

16. Do you authorize the Court to make any inquiries or investigation concerning the answers given by you in this affidavit? Yes  No

17. Did someone else complete this form on your behalf? Yes  No

If yes, were the questions and answers read to you and are your answers true?

Yes  No

(Signature)

(Print Name)

DIN

Sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

**AFFIDAVIT OF SERVICE OF MAILING**

STATE OF NEW YORK )  
COUNTY OF \_\_\_\_\_ ) ss.:

\_\_\_\_\_, being duly sworn, deposes and says:

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I served a true copy of the annexed 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:

*(Insert here the name[s] and address[es] of the person[s] to whom you are mailing the papers being filed with this Court. If necessary, attach extra pages for additional names and addresses.)*

Name & Address	Name & Address

(Signature) \_\_\_\_\_

(Print Name) \_\_\_\_\_

Sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public