

NOTICE OF RIGHT TO APPEAL
Family Court Act §1121

TO: _____
(name of client) (name of attorney)

Address: _____

PLEASE READ THE NOTICE BELOW, CHECK THE APPROPRIATE BOX, AND RETURN THIS FORM TO ME AT THE ADDRESS INDICATED ABOVE.

1. You have the right to appeal.
2. If you want to appeal, please check the first box listed below and I will file and serve a notice of appeal on your behalf. If you do not want to appeal, please check the second box.

_____ I want to appeal

_____ I do not want to appeal.

3. Please check one of the boxes below. If you cannot afford an attorney and believe that you are eligible for assigned counsel check the first box indicated below, complete the attached form entitled "Affidavit in Support of Motion to Appeal as a Poor Person", and I will file and serve a motion on your behalf to the Appellate Division to have an attorney assigned to represent you on your appeal and to have a transcript furnished to the attorney free of charge. If you can afford to pay for an attorney, check the second box and return this form to me.

_____ I want to have an attorney assigned to represent me on my appeal.

_____ I do not want an attorney assigned to represent me on my appeal; I will retain my own attorney to represent me on my appeal.

4. Please sign this form on the line indicated below.

Signature: _____ Date: _____

5. Return the form to me at the address indicated above.

SUPREME COURT OF THE STATE OF NEW YORK
APPELLATE DIVISION, FOURTH DEPARTMENT

Matter of _____

**Affidavit in Support of
Motion to Appeal as a
Poor Person and for
Assignment of Counsel**

(INSERT TITLE OF ACTION ABOVE)

Docket No. _____

STATE OF NEW YORK
COUNTY OF _____ ss:

_____ (print name), being duly sworn,
deposes and says:

1. I am the appellant/respondent (circle one) herein and I hereby apply to the Appellate Division, Fourth Department, for permission to appeal/respond to an appeal (circle one) as a poor person and for an attorney to be assigned to represent me on appeal.

2. My present mailing address is _____

3. I was/was not (circle one) represented by an attorney in Family Court.

4. My attorney was assigned/retained (circle one) to represent me in Family Court.

5. I currently support _____ number of dependants in my present household.

6. The following is a summary of my financial status:

A. PRESENT INCOME (If none, write none. Do not use "ditto" marks. Figures should reflect NET monthly income.)

	<u>Appellant/Respondent</u>	<u>Spouse</u>
Employment Income	_____	_____
Place of employment	_____	_____
Length of employment	_____	_____
Unemployment benefits	_____	_____
Disability benefits	_____	_____
Social Security	_____	_____
Pension	_____	_____
Veterans and/or active service benefits	_____	_____
Welfare or SSI	_____	_____
Alimony or support	_____	_____
Rental income	_____	_____
Other	_____	_____
TOTAL	_____	_____

B. ASSETS (Must be completed)

Savings, checking, trust accounts	_____	_____
Location of same	_____	_____
Cash on hand	_____	_____
Vehicles owned:	_____	_____
value	_____	_____
amt. owing	_____	_____
Real estate owned:	_____	_____
description	_____	_____

value	_____	_____
amt. owing	_____	_____
Other	_____	_____
TOTAL	_____	_____

C. PRESENT OBLIGATIONS: (Figures should reflect monthly payments made. This section must be completed.)

Rent/Mortgage	_____	_____
Alimony/Support	_____	_____
Medical	_____	_____
Food	_____	_____
Transportation	_____	_____
Other (description)	_____	_____
	_____	_____
	_____	_____
	_____	_____
TOTAL	_____	_____

(sign your name above)

Sworn to before me this _____ day of _____, 20____.

Notary Public

NOTE: RETURN THE ORIGINAL COMPLETED FORM TO YOUR ATTORNEY OR FILE THE ORIGINAL COMPLETED FORM AND ONE COPY WITH THE APPELLATE DIVISION WITH AN AFFIDAVIT OF SERVICE OF COPIES ON ALL NECESSARY PARTIES, INCLUDING THE LAW GUARDIAN, IF ANY.

