

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:

Blank lines for providing details of the order being appealed.

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

Blank line for providing details of the hearing.

- (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: Blank lines for providing the name and address of the attorney.

