

SUPREME COURT OF THE STATE OF NEW YORK
APPELLATE DIVISION: FIRST DEPARTMENT

-----X
THE PEOPLE OF THE STATE OF NEW YORK, :

Respondent, : NOTICE OF MOTION FOR
ASSIGNMENT OF COUNSEL

-against- : _____ County
Ind. No. _____

_____, :

Defendant-Appellant. :

-----X

PLEASE TAKE NOTICE, that upon the annexed affidavit of
_____, the exhibits thereto, and all prior proceedings herein, the
undersigned will move this Court, at 27 Madison Avenue, New York, New York 10010, on
_____, at 10:00 a.m., or as soon thereafter as defendant-appellant can be heard, for
an order granting poor person's relief and assigning counsel to the appeal from the judgment of
conviction of the Supreme Court, _____ County, dated _____, convicting
defendant-appellant of _____, and sentencing him to
_____.

Dated: _____, New York
_____, 20__

Name

Address

TO: MOTIONS CLERK
Appellate Division: First Department
27 Madison Avenue
New York, NY 10010

HON. ROBERT T. JOHNSON
District Attorney
Bronx County
198 East 161st Street
Bronx, NY 10451

OR

HON. CYRUS R. VANCE, JR.
District Attorney
New York County
One Hogan Place
New York, NY 10013