

NEW YORK STATE BAR ASSOCIATION

CIVIL APPEALS
PRO BONO PILOT PROGRAM

*A Collaboration of the New York State Bar Association
Committee on Courts of Appellate Jurisdiction,
The Legal Project, and the Rural Law Center of New York*

Please fax, mail or email this completed form to:
Civil Appeals Pro Bono Pilot Program
The Legal Project
Stuyvesant Plaza
1475 Western Avenue
Albany, NY 12203
Fax (518) 435-1773
info@legalproject.org

This form should be filled out jointly by the prospective client and the trial attorney or nonprofit program referring this case to the Appeals Program.

REFERRAL SOURCE INFORMATION

Name of Referring Trial Attorney or Referring Nonprofit Program

Address _____

Telephone _____ Email _____

Date Referred _____

APPLICANT INFORMATION

Name _____

Address _____

County _____

Telephone (Home/Cell) _____ (Work) _____

Email _____ Monthly Income From All Sources _____

STATUS OF ASSIGNED COUNSEL APPLICATION TO THIRD DEPARTMENT

Pending Denied Approved None submitted

CASE INFORMATION (Please check all that apply.)

Type of case:

- Divorce Family Offense
 Custody/Visitation Paternity
 Termination of Parental Rights Other

Does this case involve domestic violence? Yes No

Is there a domestic violence advocate involved on your behalf? Yes No

If yes, please note name of advocate and program and a phone number:

To be filled out by the referring attorney or program:

Describe the legal issue(s) that you believe could be raised on appeal, the grounds for reversal or modification to be advanced and why they have merit. If the respondent seeks representation, why is affirmance important? Please explain why this appeal should be considered for pro bono representation:

IF THE FOLLOWING DOCUMENTS HAVE BEEN COMPLETED,
PLEASE ATTACH THEM TO THIS APPLICATION:

- Pre-calendar Statement
- Poor Person Motion

IF SUCH DOCUMENTS HAVE NOT BEEN COMPLETED,
PLEASE PROVIDE THE FOLLOWING INFORMATION:

- (1) The title of the underlying action and the date of commencement:

- (2) The full names and addresses of the original parties:

Appellant:

Phone _____ Fax _____

Appellant's Counsel:

Phone _____ Fax _____

Respondent:

Phone _____ Fax _____

Respondent's Counsel:

Phone _____ Fax _____

(3) Any change in the parties:

(4) The court, judge, and county from which the appeal is taken:

(5) Index number: _____

RJI number:

(6) Specific nature of the underlying action or proceeding:

(7) Whether there is another pending appeal or pending related action or proceeding:

Yes No

If yes, please describe:

TO BE FILLED OUT BY THE APPLICANT:

(8) If you are employed, your employer's name and address and position, and if you are a student, your school and who pays your tuition.

(9) If you are employed, what is your gross weekly salary?

(10) If you are married and your spouse is employed, what is his/her gross weekly salary? _____

(11) List other sources of income

(12) List assets, including a home, car, checking and savings accounts, including those jointly held, stocks, and bonds.

(13) List monthly expenses, including rent or mortgage, food, utilities, car, insurance, and loan repayment

Applicant's Signature (print name below)

THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THIS APPLICATION:

- √ NOTICE OF APPEAL
- √ ORDER OR DECISION BEING APPEALED
- √ APPELLANT'S BRIEF IF YOU ARE RESPONDENT AND THE BRIEF HAS BEEN FILED