NEW YORK STATE BAR ASSOCIATION

PRO BONO APPEALS 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:

Third Department applications:
Pro Bono Appeals Program
c/o Rural Law Center of New York
90 State Street, Suite 700
Albany, NY 12207
Fax (800) 832-9150
info@probonoappealsny.org

Fourth Department applications:
Pro Bono Appeals Program
c/o Worker Justice Center of New York
1187 Culver Road
Rochester, NY 14609
Fax (800) 832-9150
info@probonoappealsny.org

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

Appellants must file a notice of appeal prior to submitting this application.

REFERRAL SOURCE INFORMATION

Name of Referring Trial Attorney or Referring Nonprofit Program _____

Address _____

Telephone _____ Email _____

APPLICANT INFORMATION

Name _____

Address _____

County _____

Telephone (Home/Cell) _____ (Work) _____

Email _____ Monthly Income From All Sources _____

STATUS OF ASSIGNED COUNSEL APPLICATION

☐ Pending ☐ Denied ☐ Approved ☐ None submitted

CASE INFORMATION (Please check all that apply.)

Type of case:

☐ Custody/Visitation
☐ Divorce
☐ Family Offense
☐ Paternity
☐ Termination of Parental Rights
☐ Education
☐ Health
☐ Housing
☐ Public Benefits
☐ Unemployment Insurance
☐ Other–Specify:

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 you need more space, please use a separate sheet and provide it as an attachment to this application.

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 Trial Counsel:

Phone _____ Fax _____

Respondent:

Phone _____ Fax _____

Respondent's Trial Counsel:

Phone _____ Fax _____

(3) Any change in the parties:

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

_____

(5) Index or Docket 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:

(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.

Date

Applicant's Signature

Applicant's Printed Name

THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THIS APPLICATION:

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