

NEW YORK STATE BAR ASSOCIATION

PRO BONO APPEALS PROGRAM

A Collaboration of the New York State Bar Association Committee on Courts of Appellate Jurisdiction, and the University at Buffalo School of Law's Clinical Legal Education Program

Please fax, mail or email this completed form to:

Pro Bono Appeals Program c/o UB School of Law Clinical Legal Education Program,
507 O'Brian Hall, North Campus, Buffalo, NY 14260

Fax: 716-645-6199

Email: law-pbap@buffalo.edu

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:

- | | |
|---|---|
| <input type="checkbox"/> Custody/Visitation | <input type="checkbox"/> Education |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Health |
| <input type="checkbox"/> Family Offense | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Paternity | <input type="checkbox"/> Public Benefits Unemployment Insurance |
| <input type="checkbox"/> Termination of Parental Rights | <input type="checkbox"/> 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. (1) The title of the underlying action and the date of commencement:

2. (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