NEW YORK STATE COURT OF APPEALS

Preliminary Appeal Statement Pursuant to section 500.9 of the Rules of the Court of Appeals

1. CAPTION OF CASE (as the parties should be denominated in the Court of Appeals):

STATE OF NEW YORK COURT OF APPEALS

-against-

[Attach additional sheets if further space is required]

2. Name of court or tribunal where case originated, including county, if applicable:

- 3. Civil index number, criminal indictment number or other number assigned to the matter in the court or tribunal of original instance:______
- 4. Docket number assigned to the matter at the Appellate Division or other intermediate appellate court:_____

5. Jurisdictional basis for this appeal:

- ____Leave to appeal granted by the Court of Appeals or a Judge of the Court of Appeals
- ____Leave to appeal granted by the Appellate Division or a Justice of the Appellate Division
- ____CPLR 5601(a): dissents on the law at the Appellate Division
- ____CPLR 5601(b)(1): constitutional ground (Appellate Division order)
- _ _CPLR 5601(b)(2): constitutional ground (judgment of court of original instance)
- _ _CPLR 5601(c): Appellate Division order granting a new trial or hearing, upon stipulation for judgment absolute

_ _CPLR 5601(d): from a final judgment, order, determination or award, seeking review of a prior nonfinal Appellate Division order

____Other (specify)______

6. How this appeal was taken to the Court of Appeals (choose one) (see CPLR 5515[1]):

NOTICE OF APPEAL	Date filed:
	Clerk's office where filed:
ORDER GRANTING LEAVI	E TO APPEAL (civil case):
	Court that issued order:
	Date of order:
CERTIFICATE OR ORDER	GRANTING LEAVE TO APPEAL (criminal case):
	Justice or Judge who issued order:
	Court:
	Date of order:
7. Demonstration of timeliness of ap	neal in civil case (CPLR 5513 5514).
	lversary with a copy of the order, judgment or
•••••••••••••••••••••••••••••••••••••••	and notice of its entry?yesno
11	and house of its entry?yesno
•	
papers served):	
If yes, method by which	ch appellant was served:personal delivery

- ____regular mail
- ____overnight courier
- ____other (describe_____)

Did the Appellate Division grant or deny a motion for leave to appeal to this Court in this case? ______no

If yes, fill in the following information:

- a. date appellant served the motion for leave to appeal made at the Appellate Division:
- b. date on which appellant was served with the Appellate Division order granting or denying such motion with notice of the order's entry: ________, and
- c. method by which appellant was served with the Appellate Division order granting or denying such motion:

 	personal service
 	regular mail
 	overnight courier
 	other (describe)

8. Party Information:

Instructions: Fill in the name of each party to the action or proceeding, one name per line. Indicate the status of the party in the court of original instance and the party's status in this Court, if any. Examples of a party's original status include: plaintiff, defendant, petitioner, respondent, claimant, third-party plaintiff, third-party defendant, intervenor. Examples of a party's Court of Appeals status include: appellant, respondent, appellant-respondent, respondent-appellant, intervenor-appellant.

No.	Party Name	Original Status	Court of Appeals Status
1			
2			
3			
4			
5			—
6			
7			
8			
9			
10			

9. Attorney information:

Instructions: For each party listed above, fill in the name of the one law firm and responsible attorney who will act as counsel of record, if the party is represented. Where a litigant is self-represented, fill in that party's data in section 10 below.

For Party No above:			
Law Firm Name:			
Responsible Attorney:			
Street Address:			
City:	State:	Zip:	
Telephone No:	Ext	Fax:	
If appearing Pro Hac Vice, h	as attorney satisfied	d requirements of section 500.4 of the Rules of the Court of	
Appeals? yesno			
For Party No above:			
T T' N			
Law Firm Name:			
Responsible Attorney: Street Address:			
Responsible Attorney: Street Address:			
Responsible Attorney: Street Address: City:	State:		
Responsible Attorney: Street Address: City: Telephone No:	State: Ext	Zip:	
Responsible Attorney: Street Address: City: Telephone No:	State: Ext	Zip: Fax:	

For Party No. __ above:

Law Firm Name:			 	
Responsible Attorney:			 	
Street Address:				
City:	State:	Zip:		
Telephone No:	Ext.	Fax:		

If appearing Pro Hac Vice, has attorney satisfied requirements of section 500.4 of the Rules of the Court of Appeals? yes _____no

For Party No above:			
Law Firm Name:			
Responsible Attorney:			
Street Address:			
City:	State:	Zip:	
Telephone No:	Ext	Fax:	
If appearing Pro Hac Vice	, has attorney satisfie	d requirements of section	500.4 of the Rules of the Court of
Appeals? yesn	10	•	
For Party No above:			
Law Firm Name:			
Responsible Attorney:			
Street Address:			
City:	State:	Zip:	
If approxing Dro Hoo Vice	has attampt actisfie	d requirements of section	500 1 of the Dules of the Court of

If appearing Pro Hac Vice, has attorney satisfied requirements of section 500.4 of the Rules of the Court of

(Use additional sheets if necessary)

10.	Self-Re	presented	Litigant	information:

For Party No above:	C	
Party's Name:		
Street Address:		
City:	State:	_Zip:
Telephone No.:	Ext	Fax:
For Party Noabove: Party's Name:		
Street Address:		
City:	State:	_Zip:
Telephone No.:	Ext	Fax:

11. Related motions and applications:

Does any party to the appeal have any motions or applications related to this appeal pending in the Court of Appeals? ___yes ___no If yes, specify: a. the party who filed the motion or application:

- b. the return date of the motion:
- c. the relief sought: _____

Does any party to the appeal have any motions or applications in this case currently pending in the court from which the appeal is taken? ____yes ____no

If yes, specify:

- a. the party who filed the motion or application:
- b. the return date of the motion:
- c. the relief sought:_____

Are there any other pending motions or ongoing proceedings in this case? If yes, please describe briefly the nature and the status of such motions or proceedings:_____

12. Set forth, in point-heading form, issues proposed to be raised on appeal (this is a nonbinding designation, for preliminary issue identification purposes only):

(use additional sheet, if necessary)

13. Does appellant request that this appeal be considered for resolution pursuant to section 500.11 of the Rules of the Court of Appeals (Alternative Procedure for Selected Appeals)?

____yes ____no

If yes, set forth a concise statement why appellant believes that consideration pursuant to section 500.11 is appropriate (see section 500.11[b]):______(Fill in on lines below)

14. Notice to the Attorney General.

Is any party to the appeal asserting that a statute is unconstitutional? ____yes ____no

If yes, has appellant met the requirement of notice to the Attorney General in section 500.9(b) of the Rules of the Court of Appeals? _____yes _____no

15. **ITEMS REQUIRED TO BE ATTACHED TO EACH COPY OF THIS STATEMENT:**

A. A copy of the filed notice of appeal to the Court of Appeals (with proof of service), a copy of the order granting leave to appeal to the Court of Appeals (civil case), or a copy of the certificate granting leave to appeal to the Court of Appeals (criminal case), whichever is applicable;

B. A copy of the signed order, judgment or determination appealed from to this Court (use document issued by the court, not internet version);

C. A signed copy of any order, judgment or determination which is the subject of the order appealed from, or which is otherwise brought up for review (use document issued by the court, not internet version);

D. Copies of all decisions or opinions relating to the orders set forth in subsections **B** and **C** above (use documents issued by the court, not internet versions); and

E. If required, a copy of the notice sent to the Attorney General pursuant to section 500.9(b) of the Rules of the Court of Appeals.

F. If required, a disclosure statement pursuant to section 500.1(f) of the Rules of the Court of Appeals.

Date:	
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Submitted by: ____

(Name of law firm)

(Signature of responsible attorney)

(Typed name of responsible attorney)

Attorneys for appellant _____

(Name of party)

-or-

Date:_____

Submitted by_____, pro se

(Signature of appellant)

(Typed/printed name of self-represented appellant)

EFFECTIVE 12/08/10