

**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-

\_\_\_\_\_

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) \_\_\_\_\_



**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, 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 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 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 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 satisfied requirements of section 500.4 of the Rules of the Court of Appeals? \_\_\_yes \_\_\_no

(Use additional sheets if necessary)

**10. Self-Represented Litigant information:**

**For Party No. \_\_\_ above:**

Party's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

**For Party No. \_\_\_ above:**

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]): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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, a copy of the order granting leave to appeal (civil case), or a copy of the certificate granting leave to appeal (noncapital criminal case), whichever is applicable;**

**B. The order, judgment or determination appealed from to this Court;**

**C. Any order, judgment or determination which is the subject of the order appealed from, or which is otherwise brought up for review;**

**D. All decisions or opinions relating to the orders set forth in subsections B and C above; 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: \_\_\_\_\_

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)