

**Supreme Court of the State of New York**  
**Appellate Division: Second Judicial Department**

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**AFFIDAVIT**

Appellate Division Docket No.:

\_\_\_\_\_

\_\_\_\_\_  
State of New York )  
County of \_\_\_\_\_ ) ss.:

I, \_\_\_\_\_, being duly sworn, depose and say that:

- 1.
- 2.
- 3.
- 4.
- 5.

WHEREFORE, I request that the court grant me the following relief:

Dated: \_\_\_\_\_, 20\_\_

\_\_\_\_\_

Sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public