

IN THE CIRCUIT COURT OF _____ COUNTY MISSISSIPPI
STATE OF MISSISSIPPI

V.

CASE NO. _____

**MOTION TO WITHDRAW AND FOR APPOINTMENT OF APPELLATE COUNSEL
AND FOR OTHER RELIEF**

COMES NOW, _____ counsel for defendant _____, pursuant to MRAP Rule 6(a) (2), 6(b) and 4(g) files this Motion To Withdraw and For Appointment of Appellate Counsel and For Other Relief, and in support thereof would most respectfully show unto the court the following:

1. Defendant was convicted of _____
in a jury trial on _____, 20_____.

2. The defendant was previously found to be indigent and present counsel was appointed by the court to represent the defendant at trial.

3. The defendant remains indigent and cannot afford to hire appellate counsel nor pay filing fees nor pay the costs of the preparation of the record for appeal.

WHEREFORE, PREMISES CONSIDERED, defendant and counsel pray for the following relief:

1. That present counsel be allowed to withdraw, and
2. That the court will find that the defendant is indigent and authorize that appeal in this case be allowed *in forma pauperis*.
3. That the court will appoint the Indigent Appeals Division of the Office of State Public

Defender to represent Defendant for purposes of appeal, and send a copy of any order appointing said agency to Director, Indigent Appeal Division, P. O. Box 3510, Jackson MS 39207.

4. For authority to file appeal out of time within thirty days of the order entered on this motion pursuant to MRAP Rule 4 (g).

Respectfully submitted,

CERTIFICATE OF SERVICE

I, _____ do hereby certify that I have this day served a true and correct copy of the foregoing Motion by U. S. Mail First Class Postage Prepaid to:

(1) Circuit Judge: (2) District Attorney:

(3) Indigent Appeals Division
P. O. Box 3510
Jackson MS 39207

(4) defendant

THIS, the _____ day of _____, 20____.

IN THE CIRCUIT COURT OF _____ COUNTY MISSISSIPPI

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(**Optional- use if needed)

INMATE AFFIDAVIT OF INDIGENCE

I, _____, an inmate within the Mississippi Department of Corrections, hereby declare that I am indigent and request that the Court allow me to proceed *in forma pauperis* with appointed counsel in an appeal of this case without prepayment of costs and fees. In support thereof, I would respectfully show the following, to-wit:

1. I receive income in the amount of \$ _____ per week / month / year.

2. I have the amount of \$ _____ in a bank accounts or in my personal possession at _____.

3. I have the following other assets, real estate, stock, bonds, mutual funds, general investments, automobiles, etc. _____

_____ having a total value of \$ _____.

Signature of Affiant:

Printed Name of Affiant: _____

STATE OF MISSISSIPPI

COUNTY OF _____

PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the jurisdiction aforesaid the above named Affiant, who after first being duly sworn by me, stated on oath that the statement set for above are true and correct as stated therein.

SWORN TO AND SUBSCRIBED before me, this the ____ day of _____, _____.

NOTARY PUBLIC

My commission expires:

IN THE CIRCUIT COURT OF _____ COUNTY MISSISSIPPI

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CASE NO. _____

ORDER

CAME ON to be heard on the motion of _____, to withdraw and for appointment of appellate counsel and for authority to proceed on appeal *in forma pauperis*, and the court having considered the same finds as follows:

1. The defendant was previously been found to be indigent and proceeded to trial with appointed counsel ____ and was convicted of _____.

2. Defendant remains indigent without income or funds.

IT IS, THEREFORE, ORDERED that:

1. The defendant be and he is hereby authorized to proceed on appeal *in forma pauperis* pursuant to MRAP Rule 6.

2. _____ be authorized to withdraw from representing defendant further.

3. The court appoints the Indigent Appeals Division of the Office of State Public Defender to represent said defendant in appeal of this case.

4. Defendant be authorized to file appeal out of time within thirty days of the order entered on this motion pursuant to MRAP Rule 4 (g).

5. The Circuit Clerk is ordered to immediately mail a copy of this order to Director, Indigent Appeal Division, P. O. Box 3510, Jackson MS 39207.

SO ORDERED AND ADJUDGED this the ____ day of _____, _____.

CIRCUIT JUDGE

Presented by:
