Attorney Information Instructions: Fill in the names of the attorneys or firms for the respective parties. If this form is to be filed with the notice of petition or order to show cause by which a special proceeding is to be commenced in the Appellate Division, only the name of the attorney for the petitioner need be provided. In the event that a litigant represents herself or himself, the box marked "Pro Se" must be checked and the appropriate information for that litigant must be supplied in the spaces provided. Attorney/Firm Name: Address: City: State: Zip: Telephone No: E-mail Address: ☐ Retained ☐ Assigned ☐ Government ☐ Pro Se ☐ Pro Hac Vice Attorney Type: Party or Parties Represented (set forth party number(s) from table above): Attorney/Firm Name: Address: City: State: Zip: Telephone No: E-mail Address: ☐ Retained ☐ Assigned Attorney Type: ☐ Government ☐ Pro Se ☐ Pro Hac Vice Party or Parties Represented (set forth party number(s) from table above): Attorney/Firm Name: Address: City: State: Zip: Telephone No: E-mail Address: ☐ Assigned ☐ Retained ☐ Government ☐ Pro Se Attorney Type: ☐ Pro Hac Vice Party or Parties Represented (set forth party number(s) from table above): Attorney/Firm Name: Address: City: State: Zip: Telephone No: E-mail Address: Attorney Type: ☐ Retained ☐ Assigned ☐ Government Pro Se ☐ Pro Hac Vice Party or Parties Represented (set forth party number(s) from table above): Attorney/Firm Name: Address: City: State: Zip: Telephone No: E-mail Address: Attorney Type: ☐ Retained ☐ Assigned ☐ Government Pro Se ☐ Pro Hac Vice Party or Parties Represented (set forth party number(s) from table above): Attorney/Firm Name: Address:

Zip:

☐ Government

State:

Party or Parties Represented (set forth party number(s) from table above):

☐ Assigned

☐ Retained

Telephone No:

☐ Pro Hac Vice

☐ Pro Se

E-mail Address:
Attorney Type:

City: