

Appellate Division, Third Department  
Attorney Admissions  
P.O. Box 7350, Capitol Station  
Albany, NY 12224-0350

**INSTRUCTIONS FOR ATTORNEY NAME CHANGE**

An attorney admitted by the Appellate Division, Third Department who wishes to change his or her name as listed on the Roll of Attorneys may do so by completing the attached form.

The form should be used only by attorneys admitted to practice by the Appellate Division, Third Department. Attorneys admitted by the First, Second or Fourth Departments of the Appellate Division should contact those Departments for their procedures regarding name changes.

Attach documentation supporting the name change request, for example, a marriage certificate, divorce decree, or name change order from a court; the original document is not required, i.e., a copy may be attached. If an attorney is unable to provide documentation, the attorney should attach his or her affidavit or affirmation explaining the circumstances of the name change request.

This form should be typewritten. Only a signed original of this form will be accepted for processing.

Mail the attached form, along with a self-addressed, stamped envelope to:

Appellate Division, Third Department  
Attorney Admissions  
P.O. Box 7350, Capitol Station  
Albany, NY 12224-0350

If your name change application is approved, you will receive notice of the approval in the self-addressed, stamped envelope that you submitted. We will notify the Office of Court Administration of an approved name change, which will administer changes to the Attorney Registration Unit website.

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**ATTORNEY NAME CHANGE FORM**

1. Current name on Roll of Attorneys:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

2. Requested new name:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

3. Current mailing address:

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Country (if not United States) \_\_\_\_\_

4. Current email address: \_\_\_\_\_

5. Attorney registration number: \_\_\_\_\_

6. The reason for the name change: \_\_\_\_\_

7. I am in good standing in New York State and am currently registered with the Office of Court Administration, Attorney Registration Unit.

8. I am not currently subject to either an order of suspension or disbarment or a pending disciplinary investigation in another jurisdiction, and to my knowledge there are no complaints of professional misconduct filed against me.

9. I certify that I am not seeking a name change with the intention to mislead or deceive or for any unlawful purpose.

\_\_\_\_\_  
Printed Name of Attorney

\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
Date