

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

**TRANSFER OF APPLICATION FOR ADMISSION FORM (SEE CPLR 9403)**

If, after certification by the State Board of Law Examiners but before you are admitted, you obtain a residence in another Appellate Division Department, you may request a transfer of your application to the new Department. Also, if you do not reside in New York State and obtain full-time employment in the State, you may request a transfer to the Department of such full-time employment. You may also request a transfer on undue hardship grounds by letter not using this form.

To request a transfer from the Appellate Division, Third Department to another Department, please submit this form by mail to the above address or by email to the Attorney Admissions Office ([AD3AdmissionsOffice@nycourts.gov](mailto:AD3AdmissionsOffice@nycourts.gov)) setting forth the following:

1. Name: \_\_\_\_\_  
(First) (Middle) (Last)

2. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. I request a transfer based on:

- Current residence in another Appellate Division Department and/or  
 Current full-time employment in another Appellate Division Department

4. The Department you wish to be transferred to:

- First Department       Second Department       Fourth Department

5. Current home address: \_\_\_\_\_  
\_\_\_\_\_

6. Current employment address: \_\_\_\_\_  
\_\_\_\_\_

7. Attach a copy of the notice by the State Board of Law Examiners certifying you for admission in the Third Department.

Please be advised that each Appellate Division Department operates on a separate admissions schedule. For information on the schedules of the First ([www.nycourts.gov/courts/ad1](http://www.nycourts.gov/courts/ad1)), Second ([www.nycourts.gov/courts/ad2](http://www.nycourts.gov/courts/ad2)) or Fourth ([www.nycourts.gov/courts/ad4](http://www.nycourts.gov/courts/ad4)) Departments, applicants should contact those Departments directly.

Please allow at least one week for processing.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date