## 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, following certification by the State Board of Law Examiners but prior to your admission, your residential address changes to another Appellate Division Department, you may request a transfer of your application to the Department where your new residence is located. If you do not reside in New York State and subsequently obtain full-time employment in this State, you may request a transfer to the Department where your new employment is located. If you are requesting a transfer based on undue hardship grounds, you may not use this form and, instead, must submit a letter request to the Office of Attorney Admissions at the above-referenced address.

To request a transfer from the Appellate Division, Third Department to another Department, please complete this form and submit it, by email, to the Office of Attorney Admissions at <a href="mailto:AD3AdmissionsOffice@nycourts.gov">AD3AdmissionsOffice@nycourts.gov</a>:

1. Name:(First)	(Middle)	(Last)
2. Phone:	Email:	
3. I request a transfer based on:		
☐ Current residence in an	other Appellate Division Departn	nent and/or
☐ Current full-time emplo	oyment in another Appellate Divis	sion Department
4. The Appellate Division Departr	ment you wish to be transferred to	):
☐ First Department	☐ Second Department	☐ Fourth Department
5. Current residential address:		
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Third Department.		ers certifying you for admission in the
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Please allow at least one wee	ek for processing.	
		Signature of Applicant

Date