

**APPLICATION FOR ADMISSION TO PRACTICE  
AS AN ATTORNEY AND COUNSELOR-AT-LAW IN THE  
STATE OF NEW YORK<sup>1</sup>**

**APPLICATION FOR ADMISSION QUESTIONNAIRE**

**TO THE APPELLATE DIVISION OF THE SUPREME COURT OF  
THE STATE OF NEW YORK:**

The undersigned hereby applies for admission to practice as an attorney and counselor-at-law in all courts of the State of New York, and in support of such application submits the following sworn statement and the accompanying affidavits and other papers.

**A. PERSONAL INFORMATION**

1. (a) State name in full \_\_\_\_\_  
(First) (Middle) (Last)

(b) Have you ever used or been known by any other name? \_\_\_\_\_

If so, state in full each name (other than the name above given) which you have used or by which you have at any time been known, the period of, and the reasons for, the use of each such name; if change of name is by marriage, so state; if change of name was by court order, so state.

\_\_\_\_\_

(c) Social Security number \_\_\_\_\_

2. State the following:

(a) Age, date, and place of birth \_\_\_\_\_

(b) Are you a citizen of the United States? \_\_\_\_\_

If you are not a citizen of the United States, state your immigration status. \_\_\_\_\_

\_\_\_\_\_

3. Present residence (full mailing address).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(residence telephone) \_\_\_\_\_

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1. Please check one of the following: this is an application for Admission on Examination \_\_\_\_ or Admission on Motion without Examination \_\_\_\_\_. Please see the General Instructions for guidance on filing complete applications.

Office address (if applicable) (full mailing address).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(office telephone) \_\_\_\_\_

E-mail address (if any) \_\_\_\_\_

4. Prior residences.

List all prior temporary and permanent residences since you reached the age of 21 or during the past ten years, whichever period is shorter. Include college residences, military addresses, and temporary residences of more than six months duration away from home for educational, business or other special purposes. Provide a chronological continuous residence listing (from earliest to latest) without interruption.

Period: From Month/Year \_\_\_\_\_ To Month/Year \_\_\_\_\_

Address (street and number) \_\_\_\_\_

City, Village or Town, and County \_\_\_\_\_

State and Country \_\_\_\_\_ Zip Code \_\_\_\_\_

\* \* \*

Period: From Month/Year \_\_\_\_\_ To Month/Year \_\_\_\_\_

Address (street and number) \_\_\_\_\_

City, Village or Town, and County \_\_\_\_\_

State and Country \_\_\_\_\_ Zip Code \_\_\_\_\_

\* \* \*

Period: From Month/Year \_\_\_\_\_ To Month/Year \_\_\_\_\_

Address (street and number) \_\_\_\_\_

City, Village or Town, and County \_\_\_\_\_

State and Country \_\_\_\_\_ Zip Code \_\_\_\_\_

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Period: From Month/Year \_\_\_\_\_ To Month/Year \_\_\_\_\_

Address (street and number) \_\_\_\_\_

City, Village or Town, and County \_\_\_\_\_

State and Country \_\_\_\_\_ Zip Code \_\_\_\_\_

**B. EDUCATION**

5. List all colleges, universities and professional schools (including law schools) attended. If you did not receive a degree, state the reason.

FORM LAW SCHOOL CERTIFICATES: For each law school listed, send the law school the form law school certificate which the law school should complete and return directly to the Appellate Division.

\* \* \*

College \_\_\_\_\_ Degree \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State or Country \_\_\_\_\_  
Dates of Attendance: From \_\_\_\_\_ To \_\_\_\_\_

\* \* \*

College \_\_\_\_\_ Degree \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State or Country \_\_\_\_\_  
Dates of Attendance: From \_\_\_\_\_ To \_\_\_\_\_

\* \* \*

Law School \_\_\_\_\_ Degree \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State or Country \_\_\_\_\_  
Dates of Attendance: From \_\_\_\_\_ To \_\_\_\_\_

\* \* \*

Law School \_\_\_\_\_ Degree \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State or Country \_\_\_\_\_  
Dates of Attendance: From \_\_\_\_\_ To \_\_\_\_\_

\* \* \*

6. (a) Have you ever been denied admission to any school, college, law school, or other similar institution for stated cause which might reflect upon your character? \_\_\_\_\_.

(b) Have you ever been placed on probation, dropped, suspended, expelled or otherwise been subjected to discipline by any institution of learning above elementary school level for conduct which might reflect upon your character? \_\_\_\_\_.

(c) Have you ever been requested or advised by any college, law school, or other professional or graduate school for any reason to discontinue your studies therein? \_\_\_\_\_.

If your answer is "Yes" to (a), (b) and/or (c), give the name of any such institution and state fully the circumstances and date of each such occurrence. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**C. EMPLOYMENT**

7. (a) List every employment you have had since you reached the age of 21, in chronological order (from earliest to latest). Include self-employment, clerkships, temporary or part-time employment, military service, employment by members of family or other relatives, employment with or without monetary compensation, law-related work-study employment, and law-related

employment for academic credit only.

**FORM AFFIDAVITS AS TO APPLICANT'S LAW-RELATED EMPLOYMENT AND/OR SOLO PRACTICE:** For each law-related employment or period of solo law practice listed in reply to this question, please submit a form affidavit. If you have not had any substantial law-related employment, submit a letter addressed to the Appellate Division on the letterhead of your present employer, or if you are not presently employed, from your last employer, giving (a) the nature of the services you rendered, (b) the period of employment, (c) the reason you left, and (d) a brief evaluation of your character.

Period: From Month/Year \_\_\_\_\_ To Month/Year \_\_\_\_\_  
Name of Employer \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip \_\_\_\_\_  
Employer's Telephone \_\_\_\_\_  
Nature of Employer's Business \_\_\_\_\_  
Position or Positions Held \_\_\_\_\_  
Reason for Leaving or Termination \_\_\_\_\_

\* \* \*

Period: From Month/Year \_\_\_\_\_ To Month/Year \_\_\_\_\_  
Name of Employer \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip \_\_\_\_\_  
Employer's Telephone \_\_\_\_\_  
Nature of Employer's Business \_\_\_\_\_  
Position or Positions Held \_\_\_\_\_  
Reason for Leaving or Termination \_\_\_\_\_

\* \* \*

Period: From Month/Year \_\_\_\_\_ To Month/Year \_\_\_\_\_  
Name of Employer \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip \_\_\_\_\_  
Employer's Telephone \_\_\_\_\_  
Nature of Employer's Business \_\_\_\_\_  
Position or Positions Held \_\_\_\_\_  
Reason for Leaving or Termination \_\_\_\_\_

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Period: From Month/Year \_\_\_\_\_ To Month/Year \_\_\_\_\_  
Name of Employer \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip \_\_\_\_\_

Employer's Telephone \_\_\_\_\_  
Nature of Employer's Business \_\_\_\_\_  
Position or Positions Held \_\_\_\_\_  
Reason for Leaving or Termination \_\_\_\_\_

\* \* \*

Period: From Month/Year \_\_\_\_\_ To Month/Year \_\_\_\_\_  
Name of Employer \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip \_\_\_\_\_  
Employer's Telephone \_\_\_\_\_  
Nature of Employer's Business \_\_\_\_\_  
Position or Positions Held \_\_\_\_\_  
Reason for Leaving or Termination \_\_\_\_\_

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(b) Are you now, or have you ever been engaged on your own account or with others in any occupation, business, or profession, other than law, in the State of New York or elsewhere?  
\_\_\_\_\_.

If so, give in detail the nature and location thereof and the month and year of the beginning and ending of your engagement in or connection therewith. If any such business was carried on by you in partnership with others, give the names and addresses of all partners and the nature of the business. If the business was carried on by a corporation in which you held any office state its name, address, nature of the business and your connection with it. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

List any action now pending against such firm or corporation and any judgment entered against it during the period of your association with it. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

8. In connection with any employment, have you ever been discharged or requested to resign from or leave your position for cause? \_\_\_\_\_.

If your answer is "Yes", give the name of each such employer and state the date and circumstances as to each such incident. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**D. BAR ADMISSIONS**

9. (a) Have you ever applied for admission to the Bar of the State of New York in this or any other Department (see CPLR § 9405), including admission pro hac vice (see Rules of Court of Appeals § 520.11)? \_\_\_\_\_.

(b) Have you ever engaged in or has your conduct ever been called into question with reference to the unauthorized practice of law? \_\_\_\_\_.

(c) Have you ever been employed by or otherwise connected with any person, firm or corporation who or which, to your knowledge, engaged in conduct that was called into question on the subject of unauthorized practice of law while you were so employed or connected? \_\_\_\_\_.

(d) Except for activities comprising part of a law school clinical program or otherwise permitted by law (see Judiciary Law §§ 478, 484, 495), have you ever tried any action or proceeding, argued any motion, drawn legal papers other than under the supervision of an attorney, given legal advice or held yourself out as an attorney in this State? \_\_\_\_\_.

If your answer is "Yes" as to any part of this question, state the matter fully. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

10. (a) Have you ever applied to take or taken the Bar examination in any country, state or jurisdiction other than the State of New York? \_\_\_\_\_.

(b) Have you ever applied for admission to practice as an attorney in any country, state or jurisdiction other than the State of New York? \_\_\_\_\_.

If your answer to (a) or (b) is "Yes", state specifically the disposition made of the application or the result of the Bar examination. If admitted, state the name of each jurisdiction and court by which admitted and the date of such admission. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Applicants admitted in other States or countries must attach (1) an original copy of a certificate of admission and good standing at the Bar from each such jurisdiction and (2) a letter from each such jurisdiction's grievance committee, or other body entertaining complaints against lawyers, where available, certifying as to whether charges have been filed with such committee or body against you, and, if so, the substance of the charges and the disposition thereof. Certificates of good standing and grievance letters should not be dated more than 60 days prior to submission.

**E. MILITARY RECORD**

11. (a) Have you at any time or in any manner served in any of the armed forces of the United States, including reserves? \_\_\_\_\_. If the answer is "Yes", state (1) when, where, and which service; (2) period and nature of service rendered; and (3) if discharged, give date and nature of discharge. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

(b) Have you served in the armed forces (reserves or otherwise) of any country other than the United States of America? \_\_\_\_\_. If the answer is "Yes", give name of country, inclusive dates of service, and reason for separation from service. \_\_\_\_\_

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(c) As a member of any armed forces, have you been the subject of any charge, or have any proceedings been instituted against you, or have you been a defendant in any court martial proceeding? \_\_\_\_\_. If answer is "Yes", state the facts. \_\_\_\_\_

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#### F. CRIMINAL RECORD

12. Have you ever, either as an adult or a juvenile, been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pleaded guilty to, the commission of any felony or misdemeanor or the violation of any law, except minor parking violations, or been the subject of any juvenile delinquency or youthful offender proceeding? **YES**\_\_\_ **NO**\_\_\_. If you answer yes, state the charge or charges, the disposition thereof and the underlying facts. Although a conviction may have been expunged from the records by an order of a court, it nevertheless should be disclosed in the answer to this question. Please note that you should have available and be prepared to submit or exhibit copies of police and court records regarding any matter you disclose in reply to this question. \_\_\_\_\_

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#### G. CIVIL MATTERS

13. State whether you have

(a) ever testified, refused to testify, or been granted immunity, as a witness in any action or proceeding, or before any prosecuting or investigative agency in any matter. \_\_\_\_\_.

(b) ever failed to answer any ticket, summons or other legal process served upon you at any time. \_\_\_\_\_. If so, was any warrant, subpoena or further process issued against you as a result of your failure to respond to such legal process? \_\_\_\_\_. State the number of unpaid traffic tickets, if any, in your name or attributable to a motor vehicle registered in your name, and the respective fines due thereon. \_\_\_\_\_.

(c) any mental or emotional condition or substance abuse problem that could adversely affect your capability to practice law? \_\_\_\_\_. Are you currently using any illegal drugs? \_\_\_\_\_.

(d) ever been charged with fraudulent conduct or any other act involving moral turpitude. \_\_\_\_\_.

(e) ever been a party to or otherwise involved in any civil or criminal action, proceeding or investigation not covered by answers to the foregoing subdivisions of this question.

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If your answer is "Yes" to any subdivision of this question, indicate the subdivision and state the facts as fully as possible. If applicable, provide the name and locality of the court or agency, the approximate date of the action or proceeding, and the judgment or other disposition.

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**H. CHILD SUPPORT**

14. As of the date this application for admission is filed, I AM/ I AM NOT (circle the applicable words) under an obligation to pay child support. If you circle "I AM", answer YES or NO to the following statements:

- a. I am not four months or more in arrears in the payment of child support. \_\_\_\_\_
- b. I am making payments by income execution or by court agreed payment or repayment plan or by plan agreed to by the parties. \_\_\_\_\_
- c. The child support obligation is the subject of a pending court proceeding. \_\_\_\_\_
- d. I am receiving public assistance or supplemental security income. \_\_\_\_\_

If you answer "YES" to at least one of the above four statements, you may be admitted.

If you answer "NO" to all four statements, please explain below. \_\_\_\_\_

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**PLEASE NOTE THAT PERSONS WHO ARE FOUR MONTHS OR MORE IN ARREARS IN CHILD SUPPORT OR WHO HAVE FAILED TO COMPLY WITH A SUMMONS, SUBPOENA OR WARRANT RELATING TO A PATERNITY OR CHILD SUPPORT PROCEEDING MAY BE SUBJECT TO SUSPENSION OF THEIR BUSINESS, PROFESSIONAL, DRIVERS' AND/OR RECREATIONAL LICENSES AND PERMITS INCLUDING, BUT NOT LIMITED TO, LICENSES ISSUED PURSUANT TO ENVIRONMENTAL CONSERVATION LAW § 11-0713.**

Please further note that the intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable pursuant to section 175.35 of the Penal Law of the State of New York.

**I. FINANCIAL MATTERS / DEFAULTS**

15. (a) Are there any unsatisfied judgments against you? \_\_\_\_\_. If so, list the same giving name and address of judgment creditor and the court by which judgment was rendered, together with the date and amount thereof and the nature of the claim on which it was based. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

(b) Are you in default in the performance or discharge of any duty or obligation imposed upon you by a judgment, decree, order or directive of any court or governmental agency? \_\_\_\_\_. If so, state the facts. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

(c) Do you owe any debt for \$300.00 or more, which is past due for over 90 days? \_\_\_\_\_. If so, list each such debt and state the name and address of the creditor, the amount presently owed, the due date, and the nature of the debt. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

(d) Have you ever applied for or been granted a discharge in bankruptcy? \_\_\_\_\_. If so, state the facts. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

(e) Do you have any loan made or guaranteed by the New York State Higher Education Services Corporation currently outstanding? \_\_\_\_\_. If so, state whether you are presently in default on any such loan and, if you are presently in default, state the name and address of the creditor, the amount presently owed, the due date, and the nature of the default.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**J. LICENSES / BONDS**

16. (a) Have you ever applied for a license the procurement of which required proof of good character (other than Bar applications listed under question number 10 above)? \_\_\_\_\_. If granted, state, as to each such license, the approximate date it was granted and the name of the authority granting it. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(b) If your application for such a license was not granted, state the facts. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(c) If any such license was revoked, state the facts. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. Has anyone ever sought to recover on or cancel a fidelity bond on account of your conduct in connection with a bonded position held by you? \_\_\_\_\_. If so, specify the nature of your position, the dates during which you were bonded, and the underlying circumstances. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**K. LOYALTY / OATHS /CODE OF PROFESSIONAL RESPONSIBILITY**

18. Have you ever organized or helped to organize or become a member of any organization or group of persons which, during the period of your membership or association, you knew was advocating or teaching that the government of the United States or any state or any political subdivision thereof should be overthrown or overturned by force, violence or any unlawful means? \_\_\_\_\_. If your answer is in the affirmative, state the facts below. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. Is there any reason why you cannot take and subscribe to an oath or affirmation that you will support the Constitutions of the United States and of the State of New York? \_\_\_\_\_. If there is, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. Can you conscientiously, and do you, affirm that you are without any mental reservation, loyal to and ready to support the Constitution of the United States? \_\_\_\_\_

21. (a) Have you read the Rules of Professional Conduct adopted by the Appellate Division (see, 22 NYCRR Part 1200)? \_\_\_\_\_

(b) Will you conscientiously endeavor to conform your professional conduct to them? \_\_\_\_\_

\_\_\_\_\_

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**Since this is a continuing application, I will submit such additional affidavits, papers or information as may be requested or as may be necessitated by any change in my situation up to the date of my appearance before the Appellate Division to be sworn in as an attorney and counselor-at-law.**

STATE (COUNTRY) OF \_\_\_\_\_ )  
\_\_\_\_\_ )ss.:  
COUNTY (CITY) OF \_\_\_\_\_ )

I, \_\_\_\_\_, being duly sworn, say: I have read the foregoing questions and have fully, truthfully and accurately answered the same. The foregoing answers are true of my own knowledge, except if stated to be made upon information and belief, and as to such answers, I believe them to be true.

Signature of applicant \_\_\_\_\_

Dated \_\_\_\_\_

Subscribed and sworn to or affirmed before me this  
day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
(Affix seal or stamp.)

(If application questionnaire is sworn to outside the United States, its commonwealths, territories, or possessions, attach certificate of attesting officer's authority.

\* \* \*

**ADDENDUM: DESIGNATION OF AGENT**

This designation should be completed only by applicants who do not reside and are not employed full time in the State of New York (see, 22 NYCRR 520.13).

I, \_\_\_\_\_, do hereby appoint the Clerk of the Appellate Division, \_\_\_\_\_ Judicial Department<sup>2</sup>, as my agent upon whom process may be served with like effect as if served upon me personally, in any action or proceeding hereafter brought against me and arising out of or based upon any legal services rendered or offered to be rendered by the undersigned in the State of New York.

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

\_\_\_\_\_  
Date

STATE (COUNTRY) OF \_\_\_\_\_ )  
\_\_\_\_\_ )ss:  
COUNTY(CITY) OF \_\_\_\_\_ )

On the \_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the above designation of agent and acknowledged to me that he or she executed the same, and that by his or her signature on the designation of agent he or she executed the designation of agent.

\_\_\_\_\_  
Officer qualified to administer oath  
(Notary Public)  
(Affix seal or stamp)

Revised 10/02

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<sup>2</sup> List the Appellate Division Department in which you are being admitted.