

**APPLICATION TO REQUEST THE DELETION OF  
ONE OR MORE ITEMS OF INFORMATION  
FROM THE COPY OF THE FINANCIAL  
DISCLOSURE STATEMENT MADE AVAILABLE  
TO THE PUBLIC**

**New York State  
Ethics Commission For  
The Unified Court System  
25 Beaver Street, Room 875  
New York, New York 10004**

1.	NAME OF EMPLOYEE	JOB TITLE		
2.*	HOME ADDRESS:			
		STREET	CITY/STATE	ZIP
3.	WORK ADDRESS:			
		STREET	CITY/STATE	ZIP
4.	WORK TELEPHONE #:	( )		
		Area Code		

\*Decision will be sent to your home address.

5. Identify, by number(s), the question(s) in the financial disclosure statement that contain the information that you do not want made available for public inspection.

PLEASE NOTE: Pursuant to the Rules of the Chief Judge, categories of value/amount and the names of unemancipated children are not made available for public inspection.

6. Set forth the specific information you want deleted from public inspection and the basis of your claim that this information will have no material bearing on the discharge of your official duties, giving specific reasons and justifications therefor. The mere statement that the information will have no such material bearing on the discharge of your official duties will not be sufficient. You may annex extra pages if necessary, as well as any relevant documentation.

IF THIS APPLICATION IS GRANTED, AND YOU REPORTED THE SAME INFORMATION IN PREVIOUSLY FILED STATEMENTS BUT YOU DID NOT THEN REQUEST DELETION, DO YOU NOW WANT THE PREVIOUSLY REPORTED INFORMATION TO BE DELETED? YES  NO

YOU MUST SUBMIT A COMPLETE FINANCIAL DISCLOSURE STATEMENT WITH THIS APPLICATION, INCLUDING ALL INFORMATION YOU WANT DELETED FROM PUBLIC INSPECTION COPIES OF YOUR STATEMENT.

SIGNATURE

DATE