APPLICATION TO REQUEST AN EXTENSION OF TIME TO FILE A FINANCIAL DISCLOSURE STATEMENT

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

5. Date certain by which you can file your financial disclosure statement if the Ethics Commission grants your request. NO EXTENSION OF TIME BEYOND SEPTEMBER 30 WILL BE GRANTED.

6. Describe the circumstances that support your claim that you need an extension of time to file a financial disclosure statement due to justifiable cause or undue hardship, giving specific reasons and justifications therefor.

I understand that this request does not automatically extend the time to file my financial disclosure statement beyond May 15.

_____ _____
SIGNATURE DATE

*Decision will be sent to your home address.

FORM.A7