

**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
(212) 428-2899
Internet: www.nycourts.gov/ip/ethics
Intranet: UCS home page: Topics A-Z
Email: ethicscomm@courts.state.ny.us**

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. NO EXTENSION OF TIME WILL BE GRANTED BEYOND:
- i) **September 30**, if you were a UCS employee on January 1, or commenced UCS employment from January 2 through April 15, of this year; or
 - ii) **October 31**, if you commenced UCS employment from April 16 through September 30 of this year; or
 - iii) **December 31**, if you commenced UCS employment on or after October 1 of this year.
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6. By what date can you file? Date: _____

7. 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.

SIGNATURE

DATE