

**Attorney Grievance Committee
Supreme Court, Appellate Division
First Judicial Department
180 Maiden Lane
New York, New York 10038
(212) 401-0800
AD1-AGC@nycourts.gov**

Notarized Background Check Request Form - No Fee Required

INSTRUCTIONS

- 1. Please email your notarized request to:**
AD1-AGC@nycourts.gov
Subject: Background Check Clerk – [Type your name in Subject Line]
- 2. We will reply by email only. Hard copy will not be provided.**
- 3. All fields must be completed. If you omit any information, it may delay a reply.**
- 4. Requests without notarization will be rejected. We are presently accepting notarizations via video conference. Your request must clearly state if the notarization was done in person or via video conference.**
- 5. You will be responsible for forwarding our email response with attachments to third parties.**

AUTHORIZATION AND RELEASE

I hereby authorize the Attorney Grievance Committee, Supreme Court, Appellate Division, First Judicial Department, to review, release, and provide copies of my private and/or public disciplinary history, if any, to me *via* email:

Please check one: Mr. Mrs. Ms.

Attorney Name: _____

Office of Court Administration Registration Number: _____

Date of Birth: _____

Year of Admission to the New York State Bar: _____

Department of Admission: _____

Business address: _____

Home address: _____

Email address: _____

Telephone number: _____

Disciplinary History _____

Reason for Request: _____

Your Signature: _____

NOTARIZATION:

In person _____ **Via Video Conference** _____

Sworn to before me this _____ day of _____, 20_____

State of _____ County of _____

Name of Notary: _____

Signature of Notary: _____

Notary Stamp/Seal: