

**Background Check Request Form**

Name: \_\_\_\_\_

Office of Court Administration Registration Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Year of Admission to the New York State Bar: \_\_\_\_\_

Department of Admission: \_\_\_\_\_

Disciplinary History: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

I hereby authorize the Attorney Grievance Committees, Supreme Court, Appellate Division, First Judicial Department, to review and release my disciplinary history to

\_\_\_\_\_.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

State of \_\_\_\_\_ County of \_\_\_\_\_

Notary: \_\_\_\_\_

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**Please include a self-addressed stamped envelope and send request to:**

Attorney Grievance Committees  
Supreme Court, Appellate Division  
First Judicial Department  
61 Broadway, FL 2  
New York, New York 10006  
Attn: Background Check Clerk