

APPLICATION TO REGISTER AS IN-HOUSE-COUNSEL

For Attorneys Admitted To Practice In a U.S. State, Territory or the District of Columbia

Pursuant to Part 522 of the Rules of the New York State Court of Appeals

To the Appellate Division of the Supreme Court of the State of New York: The undersigned, an attorney admitted to practice law in a U.S. State, territory, or the District of Columbia, hereby applies to register as in-house counsel pursuant to Part 522 of the Rules of the Court of Appeals, and in support of such application submits the following statement and the accompanying affidavits and other papers.

	Appellate Division (check one)	1st Dept.	2nd Dept.	3rd Dept.	4th Dept.		
Α.	Personal Information						
1.	State name in full:						
	FIRST NAME	MIDDLE NAME	Ē	LAST NAME	E	SUFFIX (JR., III)	
2.	Date of Birth (mm/dd/yyyy):		Socia	——————————————————————————————————————	Der (last four digits):		
3.	Office Address: NAME OF EMPLOYER						
	STREET ADDRESS		C	ITY/ TOWN/ VILLAGE	<u> </u>		
	STATE		ZI	iP	COUNTRY (IF NOT IN	I THE USA)	
	TELEPHONE NUMBER		E	MAIL ADDRESS			
4.	Residential Address:						
	STREET ADDRESS		CI	ITY/ TOWN/ VILLAGE	i		
	STATE		ZI	P	COUNTRY (IF NOT IN	I THE USA)	
	TELEPHONE NUMBER		El	MAIL ADDRESS			
<u> —</u> В.	Admission Information						
	• Attach a Certificate of Good Standing from each jurisdiction to which you are admitted. If you are not in good standing in any jurisdiction to which you are admitted, attach a statement explaining those circumstances.						
	 Attach a letter from the governing disciplinary body of each jurisdiction to which you are admitted certifying whether or not charges were filed, and if any, the disposition thereof. 						
	 Attach additional sheets if you are supplying information for additional jurisdictions. 						
	JURISDICTION NAME	DATE OF /	ADMISSION (IF APF	PLICABLE) B	BAR NO. (IF APPLICABLE))	
	Certificate of Admission and Good Standing provided? Yes No						
	Attorney disciplinary letter provided? ☐ Yes ☐ No						
	Does the jurisdiction permit attorneys admitted in New York to practice as in-house counsel in that jurisdiction? \Box Yes \Box No						





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JURISDICTION NAME	DATE OF ADMISSION (IF APPLICABLE)	BAR NO. (IF APPLICABLE)					
Certificate of Admission and Good Standing provided? Yes No							
Attorney disciplinary letter provide	Attorney disciplinary letter provided? ☐ Yes ☐ No						
Does the jurisdiction permit attorney	Does the jurisdiction permit attorneys admitted in New York to practice as in-house counsel in that jurisdiction? Yes No						
JURISDICTION NAME	DATE OF ADMISSION (IF APPLICABLE)	BAR NO. (IF APPLICABLE)					
Certificate of Admission and Goo	od Standing provided? Yes No						
Attorney disciplinary letter provide	ed? ☐ Yes ☐ No						
Does the jurisdiction permit attorney	s admitted in New York to practice as in-ho	ouse counsel in that jurisdiction? \square Yes \square No					
C Affidavit of Applicant (Requ	iired)						
STATE OF)						
) ss.:						
COUNTY (CITY) OF)						
I,, swear (or affirm) that (1) I have provided the information							
	required in the foregoing application fully, truthfully and accurately; (2) my answers are true of my own						
knowledge, unless stated as upo	n information and belief, and as to such	answers, I believe them to be true;					
(3) I have read and am in complia	nce with Part 522 of the Rules of the Co	ourt of Appeals (22 NYCRR § 522.1 et					
seq.); (4) I perform/will perform full-time or part-time legal services in New York State solely and exclusively as provided in 22 NYCRR §522.4; and (5) I agree to be subject to the disciplinary authority of New York State and							
						to comply with the New York Rule	o comply with the New York Rules of Professional Conduct (22 NYCRR Part 1200) and the rules governing the
conduct of attorneys in the	onduct of attorneys in the Judicial Department.						
		d and sworn to or affirmed before me this					
Signature		ay of in the year 20					
		ay or					
		Notary Public (Sign & Affix seal or stamp)					
		(2.3 2					

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Pursuant to Part 522 of the Rules of the New York State Court of Appeals

D. Affidavit/Affirmation of Employer

STATE OF)				
) ss.:				
COUNTY (CITY) OF)				
I,, swear (or	affirm) that (1) I am an \square officer \square director, or				
☐ general counsel of	("Employer"); (2) I have reviewed				
the information set forth in the foregoing application of	("Applicant"), and				
believe that information to be true and correct; (3) I have read Part 522 of the Rules of the Court of Appeals NYCRR § 522.1 et seq.); (4) the Applicant commenced/will commence full-time or part-time employment as					
Applicant's employment by Employer conforms entirely wi	th the requirements of Part 522 of the Rules of the				
Court of Appeals.					
Signature	Subscribed and sworn to or affirmed before me this				
Signature	day of in the year 20				
Title					
	Notary Public (Sign & Affix seal or stamp)				