Supreme	Court of t	he State o	f New '	York
Appellate	Division,	Fourth Iu	idicial d	Øepartment

In the Matter of the Application to Practice Law Under a Changed Name.	Affidavit	
STATE OF NEW YORK ) COUNTY OF) ss:		
, being	g duly sworn, deposes and says that:	
1. I was admitted to the practice of law by the Appella under the name of	ate Division, Fourth Department, on .	
My New York State attorney registration number is	•	
My phone number is, and	nd my email address is	
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2. I currently reside at:		

3.	I seek permission to change the name under which I practice law to:							
	FIRST	MIDDLE	LAST					

4. I have not been known by any names other than:

or

I have been known by the following other names:

- 5. I seek to change the name under which I practice law for the following reasons (check applicable reason or reasons):
  - Change in marital status (attach a copy of appropriate documentary proof [marriage certificate or license, judgement of divorce or annulment]).

\_\_\_\_\_ Other legal name change (attach a copy of the court order and appropriate proof of compliance with the provisions of the order).

\_\_\_\_ Other reason for name change (provide a detailed explanation of the circumstances of the name change request and attach any relevant documentation).

6. I am in good standing and currently registered with the Office of Court Administration.

- 7. I am not currently subject to either an outstanding order of discipline, or a pending disciplinary investigation and to my knowledge there are no complaints of professional misconduct filed against me.
- 8. No previous application to change the name under which I practice law has been made, except as follows (include the date the previous application was made):

WHEREFORE, I request that the name under which I am authorized to practice law as recorded on the Roll of Attorneys and Counselors-at-Law on file in the Office of the Clerk of this Court be changed as set forth above.

Dated: \_\_\_\_\_

Name

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

Notary Public