## APPLICATION FOR ADMISSION TO PRACTICE AS AN ATTORNEY AND COUNSELOR-AT-LAW IN THE STATE OF NEW YORK

## FORM AFFIDAVIT AS TO APPLICANT'S LAW-RELATED EMPLOYMENT AND/OR SOLO PRACTICE

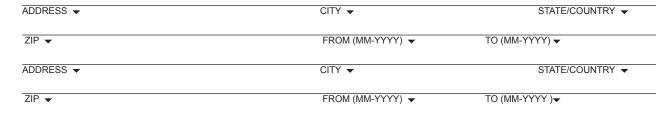
TOP SECTION ONLY TO BE COMPL	ETED BY APPLIC	ANT:	
NEW YORK STATE SUPREME C	OURT		
APPELLATE DIVISION: (check one)			
☐ 1 <sup>ST</sup> DEPT. ☐ 2 <sup>ND</sup> DEPT. ☐ 3 <sup>RD</sup> DEPT. ☐	☐ <b>4</b> <sup>TH</sup> DEPT.		
In the Matter of the Application of			
(name of applicant)		<b>BOLE ID#</b> (NYS Board of Law Examiners Identification Number):	
for Admission to Practice as an Attorney and Counselor-at-Law.			
sion questionnaire (see question numbe this affidavit must be completed by an at by persons related to applicant by blood	r 7), applicant must torney. Unless othe I or marriage. The p	ractice listed by applicant on the application for admissubmit this form affidavit. For a period of <b>solo</b> practice, rwise not feasible, this affidavit should not be completed person completing this form affidavit should return it to be as his or her application for admission questionnaire.	
TO BE COMPLETED BY AFFIANT(S):			
STATE (COUNTRY) OF			
	) SS.:		
COUNTY (CITY) OF	)		
answers to the following questions have language have been supplied by me and the answers have been carefully read by	e been written by r I not by applicant r me, and that the s	ffiant), being duly sworn, depose and say that the ne or under my direction; that the substance and the or any other person; and that both the questions and several answers are true to my own knowledge, excep or which express my opinion, and as to those answers	
1. My home and office addresses (full m	ailing addresses) ar	re as follows:	
HOME ADDRESS STREET ▼		CITY / TOWN / VILLAGE ▼	
STATE ▼	ZIP▼	COUNTRY (if not USA) ▼	
TELEPHONE ▼		E-MAIL (if any) ▼	
OFFICE ADDRESS STREET ▼		CITY / TOWN / VILLAGE ▼	
STATE ▼	ZIP ▼	COUNTRY (if not USA) ▼	
TELEPHONE <del>▼</del>		E-MAIL (if any) ▼	

**2.** To be completed only by affiants who are attorneys. I am currently admitted to practice and in good standing in the following jurisdiction(s) and was so admitted on the following dates:

JURISDICTION ▼	YEAR OF ADMISSION ▼
JURISDICTION →	YEAR OF ADMISSION ▼
JURISDICTION ▼	YEAR OF ADMISSION ▼
JURISDICTION ▼	YEAR OF ADMISSION ▼

- 3. To be completed only by attorneys confirming a period of solo practice of law by applicant.
  - (a) The length and nature of my acquaintance with the applicant is as follows:

(b) Applicant engaged in the solo practice of law at the following address(es) during the following period(s) of time:



- 4. To be completed by affiants confirming a law-related employment by applicant (not solo practice).
  - (a) Applicant was employed by me individually in a law-related capacity or was employed in a law-related capacity as follows:
    - (1) Name and address of employer:

NAME OF EMPLOYER ▼			
EMPLOYER'S ADDRESS ▼		CITY / TOWN / VILLAGE ▼	
STATE ▼	ZIP ₩	COUNTRY (if not USA) ▼	
TELEPHONE ▼		NATURE OF EMPLOYER'S BUSINESS ▼	

PERIOD FROM (Month / Year): / or Continues to Date /    IF TERMINATED: HOW AND WHY? \(  \)  (3) Position and nature and extent of legal services performed by applicant:  POSITION(S) HELD AND NATURE OF LEGAL SERVICES PERFORMED \(  \)  (b) My relationship with the employer and applicant during the period of employment was as follows:
(3) Position and nature and extent of legal services performed by applicant:  POSITION(S) HELD AND NATURE OF LEGAL SERVICES PERFORMED ▼
POSITION(S) HELD AND NATURE OF LEGAL SERVICES PERFORMED ▼
(b) My relationship with the employer and applicant during the period of employment was as follows:
(1) My position with employer (for example, member of employing firm, head of law department of a corporation, managing attorney, etc.):
MY POSITION(S) ▼
(2) Nature and frequency of my contacts with and/or supervision, if any, of applicant (if affiant did not supervise applicant, affiant should provide name and position of supervisor):
(c) Applicant's duties were satisfactorily performed:

5.	I hereby provide any other facts within my knowledge, or of which I have information, which in my opinion have any bearing on applicant's qualifications and moral character or fitness to practice law, or which would be helpful to the Appellate Division or its Committees on Character and Fitness in determining applicant's character and fitness.				
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			Signature of Affiant		
			Date		
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		o or affirmed before me			
	day of	in the year 20			
Notary Public (Affix seal or stamp.)					
/I£	offidavit in aware to auto	side the United States its	commonwealtha torritoriae or reconscione attach acutificate of		
	testing officer's authority		commonwealths, territories, or possessions, attach certificate of		
(If	this affidavit is not in En	glish, it must be accompa	nied by a duly authenticated English translation.)		

Revised 03/2011