

**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 COMPLETED BY APPLICANT:**

**NEW YORK STATE SUPREME COURT**

**APPELLATE DIVISION:** *(check one)*

1<sup>ST</sup> DEPT.    2<sup>ND</sup> DEPT.    3<sup>RD</sup> DEPT.    4<sup>TH</sup> DEPT.

**In the Matter of the Application of**

\_\_\_\_\_ )  
(name of applicant)

**for Admission to Practice as an  
Attorney and Counselor-at-Law.**

**BOLE ID#** (NYS Board of Law Examiners Identification Number):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**INSTRUCTIONS**

For each **law-related** employment or period of **solo** law practice listed by applicant on the application for admission questionnaire (see question number 7), applicant must submit this form affidavit. For a period of **solo** practice, this affidavit must be completed by an attorney. Unless otherwise not feasible, this affidavit should not be completed by persons related to applicant by blood or marriage. The person completing this form affidavit should return it to the applicant, who should submit it with and at the same time as his or her application for admission questionnaire.

**TO BE COMPLETED BY AFFIANT(S) :**

STATE (COUNTRY) OF \_\_\_\_\_ )

\_\_\_\_\_ ) SS.:

COUNTY (CITY) OF \_\_\_\_\_ )

I, \_\_\_\_\_ (name of affiant), being duly sworn, depose and say that the answers to the following questions have been written by me or under my direction; that the substance and the language have been supplied by me and not by applicant or any other person; and that both the questions and the answers have been carefully read by me, and that the several answers are true to my own knowledge, except those stated to have been made on information and belief, or which express my opinion, and as to those answers, I believe them to be true.

1. My home and office addresses (full mailing addresses) are as follows:

<b>HOME ADDRESS</b> STREET ▼	CITY / TOWN / VILLAGE ▼	
STATE ▼	ZIP ▼	COUNTRY (if not USA) ▼
TELEPHONE ▼	E-MAIL (if any) ▼	
<b>OFFICE ADDRESS</b> STREET ▼	CITY / TOWN / VILLAGE ▼	
STATE ▼	ZIP ▼	COUNTRY (if not USA) ▼
TELEPHONE ▼	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 ▼

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**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:

ADDRESS ▼	CITY ▼	STATE/COUNTRY ▼
ZIP ▼	FROM (MM-YYYY) ▼	TO (MM-YYYY) ▼
ADDRESS ▼	CITY ▼	STATE/COUNTRY ▼
ZIP ▼	FROM (MM-YYYY) ▼	TO (MM-YYYY) ▼

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**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 ▼	

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(2) Beginning and ending dates of employment (or that it continues to date) (if terminated, affiant should state how and why):

PERIOD FROM (Month / Year): \_\_\_\_ / \_\_\_\_ To (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:

(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: . . . . .  No  Yes

if 'No', applicant's performance was **not satisfactory in the following respects:**

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

Subscribed and sworn to or affirmed before me this  
\_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_\_.

\_\_\_\_\_  
**Notary Public**  
(Affix seal or stamp.)

**(If affidavit is sworn to outside the United States, its commonwealths, territories, or possessions, attach certificate of attesting officer's authority.)**

**(If this affidavit is not in English, it must be accompanied by a duly authenticated English translation.)**

Revised 03/2011