

**REQUEST FOR PUBLIC INSPECTION OF ANNUAL STATEMENT OF FINANCIAL DISCLOSURE**

**NEW YORK STATE ETHICS COMMISSION FOR THE UNIFIED COURT SYSTEM**

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New York, NY 10004

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Please be advised that pursuant to 22 NYCRR 40.1(p)(1):  
Notwithstanding the provision of Article 6 of the Public Officers Law, the only records of the Commission which shall be available for public inspection are:  
(i) the information set forth in an annual statement of financial disclosure filed pursuant to law and maintained by the Commission, except the following items which shall remain confidential: a) the categories of value or amount in statements pertaining to calendar years prior to 2014;  
b) the names of unemancipated children; and  
c) any other item of information deleted pursuant to paragraph (i) (6) of this section; and ii) notices of delinquency sent under subdivision (k) of this section.

**APPLICANT INFORMATION:**  
(Please Print)

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_

**APPLICANT REQUEST:**

Copies to be mailed  Copies to be e- mailed to \_\_\_\_\_

I will inspect copies in the Ethics Commission office  I will purchase copies at the Ethics Commission office

You may inspect a public inspection copy of a financial disclosure statement in our office without charge. You may purchase a copy at our office for a fee of \$.25 per statement page, or through the mail for a fee of \$.25 per statement page, plus an additional \$1.00 mailing fee per statement. Do not send any money with this application; upon receipt we will write and advise you of the required public inspection fee.

**I REQUEST PUBLIC INSPECTION COPIES OF THE STATEMENT(S) OF:**

**Name/Title Reporting Year(s) Requested**

Statements filed for the current reporting year, and for the previous six years, are available for public inspection

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I would also like any Notices of Delinquency issued for those years Yes  No

SIGNATURE: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_

**THE INFORMATION ON THIS FORM IS FOR INTERNAL COMMISSION USE AND IS NOT AVAILABLE TO THE PUBLIC**

**FOR OFFICE USE ONLY**

Payment Received: \$ \_\_\_\_\_ For: \_\_\_\_\_ s statements  
Date of mailing: \_\_\_\_\_ Date of office inspection: \_\_\_\_\_  
Date of pickup: \_\_\_\_\_