

**Supreme Court of the State of New York
Appellate Division: Second Judicial Department**

In the Matter of the Application of

AFFIDAVIT

Attorney Resignation

For leave to resign as an Attorney and Counselor-at-Law

State of _____)

County of _____) ss.:

I, _____, being duly sworn, depose and say that I hereby submit my resignation as an attorney and counselor-at-law in the State of New York and provide the following information:

1. Name and address at time of admission:
2. Department and date of admission in New York:
3. Name of any other jurisdiction in which admitted and date of admission:
4. Date of last practice in New York:
5. Law Office address at time of last practice in New York:
6. State whether there are any complaints of professional misconduct pending against you in any jurisdiction:
7. If the answer to No. 6 is yes, state the nature of the complaint and where it is pending:

8. State whether you have ever been disciplined in any jurisdiction. If so, set forth the name of the jurisdiction, describe the discipline, and state the date thereof:

9. Set forth the reasons for this application for leave to resign from the Bar of the State of New York:

WHEREFORE, I request that the court accept my resignation as an attorney and counselor-at-law.

Dated: _____, 200__

Current address and telephone no.:

Sworn to before me this _____
day of _____, 200__

Notary Public