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

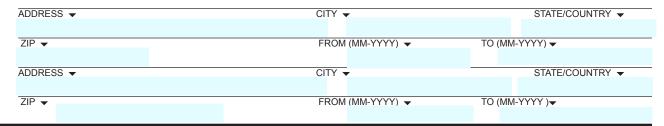
TOP SECTION ONLY TO BE COMPLETED	BY APPLICA	NT:
New York State Supreme Court	1	
APPELLATE DIVISION: (check one)		
1 ST DEPT. 2 ND DEPT. 3 RD DEPT. 4 TH DI	EPT.	
In the Matter of the Application of		
(name of applicant)		POLE ID# and Developed to Section Heritage Name
Con Administra 4- Donation on an		BOLE ID# (NYS Board of Law Examiners Identification Number):
for Admission to Practice as an Attorney and Counselor-at-Law.		
sion questionnaire (see question number 7), ap this affidavit must be completed by an attorney. by persons related to applicant by blood or ma	plicant must s Unless otherv arriage. The pe	actice listed by applicant on the application for admis- ubmit this form affidavit. For a period of solo practice, wise not feasible, this affidavit should not be completed erson completing this form affidavit should return it to as his or her application for admission questionnaire.
TO BE COMPLETED BY AFFIANT(S):		
CTAME (COLINERY) OF	,	
STATE (COUNTRY) OF)	
) SS.:	
COUNTY (CITY) OF)	
Ι,	(nama of aff	iant), being duly sworn, depose and say that the
answers to the following questions have been language have been supplied by me and not b the answers have been carefully read by me, a those stated to have been made on information I believe them to be true.	written by m y applicant o nd that the se n and belief, o	e or under my direction; that the substance and the r any other person; and that both the questions and everal answers are true to my own knowledge, except r which express my opinion, and as to those answers,
1. My home and office addresses (full mailing a	addresses) are	e 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) ▼
SIMIE	ZIP ▼	COUNTRY (II HOLUSA) ♥
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 ▼

- 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 ▼	

	(2) Beginning and ending dates state how and why):	s of employm	nent (or that it con	tinues to date	e) (if terminated, affiant s	should
	PERIOD FROM (Month / Year):		_To (Month / Year): _		or Continues to Date	
	IF TERMINATED: HOW AND WHY? ▼	,				
	(3) Position and nature and extended	ent of legal s	ervices performed	1 by applicant	:	
	POSITION(S) HELD AND NATURE OF	LEGAL SERVIC	ES PERFORMED ▼			
(b)	My relationship with the empl			•	•	
	(1) My position with employer poration, managing attorne	•	e, member of emp	loying firm, h	nead of law department of	of a cor-
	MY POSITION(S) ▼					
	(2) Nature and frequency of my supervise applicant, affiant	*	•		**	not
	1 11	•	1	1	,	
(c)	Applicant's duties were satisfa	actorily perfo	ormed:			o 🔲 Yes
	if 'No', applicant's performance			following res	spects:	

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.			
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