



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

## APPLICATION FOR ADMISSION QUESTIONNAIRE

(Please see the General Instructions for guidance on filing complete applications)

APPLICATION FOR (check one):  Admission on Examination or  Admission on Motion without Examination.  
 APPELLATE DIVISION (check one):  1<sup>ST</sup> DEPT.  2<sup>ND</sup> DEPT.  3<sup>RD</sup> DEPT.  4<sup>TH</sup> DEPT.

**TO THE APPELLATE DIVISION OF THE SUPREME COURT OF THE STATE OF NEW YORK:**

The undersigned hereby applies for admission to practice as an attorney and counselor-at-law in all courts of the State of New York, and in support of such application submits the following sworn statement and the accompanying affidavits and other papers.

**A. PERSONAL INFORMATION**

**1. State name in full:**

|         |                     |  |
|---------|---------------------|--|
| FIRST ▼ | MIDDLE ▼            |  |
| LAST ▼  | SUFFIX (JR., III) ▼ |  |

**2. Have you ever used or been known by any other name?** .....  No  Yes

If YES, state in full each name (other than the name given above) which you have used or by which you have at any time been known, the period of, and the reason for, the use of each such name; if change of name is by marriage, so state; if change of name was by court order, so state.

**3. Social Security Number:** .....

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

**5. State the following:** Age: \_\_\_\_\_ Date of birth (mm/dd/yyyy): \_\_\_\_\_

Place of birth:

|                         |         |           |
|-------------------------|---------|-----------|
| CITY / TOWN / VILLAGE ▼ | STATE ▼ | COUNTRY ▼ |
|-------------------------|---------|-----------|

**6. Are you a citizen of the United States?** .....  No  Yes

If NO, state your immigration status: \_\_\_\_\_

**7. Present residence:**

|                        |                         |
|------------------------|-------------------------|
| STREET ADDRESS ▼       | CITY / TOWN / VILLAGE ▼ |
| STATE ▼                | ZIP ▼                   |
| COUNTRY (if not USA) ▼ |                         |
| TELEPHONE ▼            | E-MAIL (if any) ▼       |

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**8. Prior residence:**

Provide the last permanent residence where you resided before the address in question 7.

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

STREET ADDRESS ▼

CITY / TOWN / VILLAGE ▼

STATE ▼

ZIP ▼

COUNTRY (if not USA) ▼

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**9. Office address (if applicable):**

NAME OF OFFICE ▼

STREET ADDRESS ▼

CITY / TOWN / VILLAGE ▼

STATE ▼

ZIP ▼

COUNTRY (if not USA) ▼

TELEPHONE ▼

E-MAIL (if any) ▼

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**B. EDUCATION**

**10. List all colleges, universities and professional schools (other than law schools) attended.**

*Provide a chronological listing (from earliest to latest). If you did not receive a degree, state the reason.*

DATES OF ATTENDANCE from (Month / Year): \_\_\_\_ / \_\_\_\_ To (Month / Year): \_\_\_\_ / \_\_\_\_

NAME OF COLLEGE / UNIVERSITY / OTHER ▼

DEGREE ▼

STREET ADDRESS ▼

CITY / TOWN / VILLAGE ▼

STATE ▼

ZIP ▼

COUNTRY (if not USA) ▼

REASON FOR NOT RECEIVING A DEGREE (if applicable) ▼

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DATES OF ATTENDANCE from (Month / Year): \_\_\_\_ / \_\_\_\_ To (Month / Year): \_\_\_\_ / \_\_\_\_

NAME OF COLLEGE / UNIVERSITY / OTHER ▼

DEGREE ▼

STREET ADDRESS ▼

CITY / TOWN / VILLAGE ▼

STATE ▼

ZIP ▼

COUNTRY (if not USA) ▼

REASON FOR NOT RECEIVING A DEGREE (if applicable) ▼

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DATES OF ATTENDANCE from (Month / Year): \_\_\_\_ / \_\_\_\_ To (Month / Year): \_\_\_\_ / \_\_\_\_

NAME OF COLLEGE / UNIVERSITY / OTHER ▼

DEGREE ▼

STREET ADDRESS ▼

CITY / TOWN / VILLAGE ▼

STATE ▼

ZIP ▼

COUNTRY (if not USA) ▼

REASON FOR NOT RECEIVING A DEGREE (if applicable) ▼

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**11. List all law schools attended.**

*Provide a chronological listing (from earliest to latest). If you did not receive a degree, state the reason.*

**FORM LAW SCHOOL CERTIFICATES: You must send the Form Law School Certificate to each law school listed below. Each law school should return the form directly to the Appellate Division.**

DATES OF ATTENDANCE from (Month / Year): \_\_\_\_\_ / \_\_\_\_\_ To (Month / Year): \_\_\_\_\_ / \_\_\_\_\_  
 NAME OF LAW SCHOOL ▼ DEGREE ▼  
 STREET ADDRESS ▼ CITY / TOWN / VILLAGE ▼  
 STATE ▼ ZIP ▼ COUNTRY (if not USA) ▼  
 REASON FOR NOT RECEIVING A DEGREE (if applicable) ▼

DATES OF ATTENDANCE from (Month / Year): \_\_\_\_\_ / \_\_\_\_\_ To (Month / Year): \_\_\_\_\_ / \_\_\_\_\_  
 NAME OF LAW SCHOOL ▼ DEGREE ▼  
 STREET ADDRESS ▼ CITY / TOWN / VILLAGE ▼  
 STATE ▼ ZIP ▼ COUNTRY (if not USA) ▼  
 REASON FOR NOT RECEIVING A DEGREE (if applicable) ▼

**NOTE: If you answer Yes to question 12, 13 or 14, give the name of the institution, and state fully the circumstances and date of each such occurrence.**

**12. Have you ever been denied admission** to any school, college, law school, or other similar institution for stated cause which might reflect upon your character? . . . . .  No  Yes: if 'YES' answer below

NAME OF INSTITUTION ▼ DATE▼  
 REASON AND CIRCUMSTANCES ▼

**13. Have you ever been placed on probation, dropped, suspended, expelled** or otherwise been subjected to discipline by any institution of learning above elementary school level for conduct which might reflect upon your character? . . . . .  No  Yes: if 'YES' answer below

NAME OF INSTITUTION ▼ DATE▼  
 REASON AND CIRCUMSTANCES ▼

14. Have you ever been requested or advised by any college, law school, or other professional or graduate school for any reason to **discontinue your studies** therein? . . . . .  No  Yes: if 'YES' answer below

NAME OF INSTITUTION ▼

DATE ▼

REASON AND CIRCUMSTANCES ▼

**C. EMPLOYMENT**

15. List every employment you have had since you reached the age of 21, or in the last 10 years, whichever period is shorter, in chronological order (from earliest to latest). Include your current employment, if any. Include self-employment, clerkships, temporary or part-time employment, military service, employment by members of family or other relatives, employment with or without monetary compensation, law-related work-study employment, and law-related employment for academic credit only, including participation in law school clinics and externships, and work as a research assistant.

**FORM AFFIDAVITS AS TO APPLICANT’S LAW-RELATED EMPLOYMENT AND/OR SOLO PRACTICE:** For each law-related employment or period of solo law practice listed in reply to this question, please submit an original form affidavit. If you have not had any law-related employment, submit a letter addressed to the Appellate Division on the letterhead of your present employer, or if you are not presently employed, from your last employer, giving (a) the nature of the services you rendered, (b) the period of employment, (c) the reason you left, and (d) a brief evaluation of your character.

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

NAME OF EMPLOYER ▼

EMPLOYER’S ADDRESS ▼

CITY / TOWN / VILLAGE ▼

STATE ▼

ZIP ▼

COUNTRY (if not USA) ▼

TELEPHONE ▼

NATURE OF EMPLOYER’S BUSINESS ▼

POSITION(S) HELD ▼

REASON FOR LEAVING OR TERMINATION ▼

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

**NAME OF EMPLOYER** ▼

EMPLOYER'S ADDRESS ▼

CITY / TOWN / VILLAGE ▼

STATE ▼

ZIP ▼

COUNTRY (*if not USA*) ▼

TELEPHONE ▼

NATURE OF EMPLOYER'S BUSINESS ▼

POSITION(S) HELD ▼

REASON FOR LEAVING OR TERMINATION ▼

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

**NAME OF EMPLOYER** ▼

EMPLOYER'S ADDRESS ▼

CITY / TOWN / VILLAGE ▼

STATE ▼

ZIP ▼

COUNTRY (*if not USA*) ▼

TELEPHONE ▼

NATURE OF EMPLOYER'S BUSINESS ▼

POSITION(S) HELD ▼

REASON FOR LEAVING OR TERMINATION ▼

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

**NAME OF EMPLOYER** ▼

EMPLOYER'S ADDRESS ▼

CITY / TOWN / VILLAGE ▼

STATE ▼

ZIP ▼

COUNTRY (*if not USA*) ▼

TELEPHONE ▼

NATURE OF EMPLOYER'S BUSINESS ▼

POSITION(S) HELD ▼

REASON FOR LEAVING OR TERMINATION ▼

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

NAME OF EMPLOYER ▼

EMPLOYER'S ADDRESS ▼

CITY / TOWN / VILLAGE ▼

STATE ▼

ZIP ▼

COUNTRY (if not USA) ▼

TELEPHONE ▼

NATURE OF EMPLOYER'S BUSINESS ▼

POSITION(S) HELD ▼

REASON FOR LEAVING OR TERMINATION ▼

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

NAME OF EMPLOYER ▼

EMPLOYER'S ADDRESS ▼

CITY / TOWN / VILLAGE ▼

STATE ▼

ZIP ▼

COUNTRY (if not USA) ▼

TELEPHONE ▼

NATURE OF EMPLOYER'S BUSINESS ▼

POSITION(S) HELD ▼

REASON FOR LEAVING OR TERMINATION ▼

16. Are you now, or have you ever been, engaged on your own account or with others in any occupation, business enterprise, or profession, (other than law and NOT included in question 15) in the State of New York or elsewhere? . . . . .  No  Yes

If Yes, give in detail the nature and location thereof and the month and year of the beginning and ending of your engagement in or connection therewith. If any such business was carried on by you in partnership with others, give the names and addresses of all partners and the nature of the business. If the business was carried on by a corporation in which you held any office, state its name, address, nature of the business and your connection with it.

List any action now pending against such firm or corporation and any judgment entered against it during the period of your association with it.

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17. In connection with any employment, whether or not listed in question 15, have you ever been discharged or requested to resign from or leave your position for cause? . . . . .  No  Yes

If Yes, give the name of each such employer and state the date and circumstances as to each such incident.

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**D. BAR ADMISSIONS**

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18. Have you ever applied for admission to the Bar of the State of New York in this or any other Department (see CPLR § 9405), including admission *pro hac vice* (see Rules of Court of Appeals § 520.11)? . . . . .  No  Yes

If Yes, explain:

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19. Have you ever applied to take or taken the Bar examination in any country, state or jurisdiction other than the State of New York? . . . . .  No  Yes

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20. Have you ever applied for admission to practice as an attorney in any country, state or jurisdiction other than the State of New York? . . . . .  No  Yes

If your answer to questions 19 or 20 is Yes, state specifically the result of the Bar examination and/or the disposition made of the application. If admitted, state the name of each jurisdiction and court by which admitted and the date of such admission.

**APPLICANTS ADMITTED IN OTHER STATES OR COUNTRIES MUST ATTACH: (1) an original certificate of admission and good standing at the Bar from each such jurisdiction and (2) an original letter from each such jurisdiction's grievance committee, or other body entertaining complaints against lawyers, where available, certifying as to whether charges have ever been filed with such committee or body against you, and, if so, the substance of the charges and the disposition thereof. Certificates of good standing and grievance letters should not be dated more than 60 days prior to submission.**

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**21. Have you ever engaged in or has your conduct ever been called into question** with reference to the unauthorized practice of law? . . . . .  **No**  **Yes**

If **Yes**, explain:

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**22. Have you ever been employed by or otherwise connected with any person, firm or corporation** who or which, to your knowledge, engaged in conduct that was called into question on the subject of unauthorized practice of law while you were so employed or connected? . . . . .  **No**  **Yes**

If **Yes**, explain:

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**23. Except for activities comprising part of a law school clinical program** or otherwise permitted by law (*see* Judiciary Law §§ 478, 484, 495), have you ever tried any action or proceeding, argued any motion, drawn legal papers other than under the supervision of an attorney, given legal advice or held yourself out as an attorney in this State? . . . . .  **No**  **Yes**

If **Yes**, explain:



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**E. MILITARY RECORD**

Please answer both questions 24 and 25.

24. **Have you at any time or in any manner served in any of the armed forces of the *United States*, including reserves?** . . . . .  No  Yes

If **Yes**, state:

**PERIOD SERVED: From (Month/ Year) \_\_\_\_\_ / \_\_\_\_\_ To (Month/ Year) \_\_\_\_\_ / \_\_\_\_\_**

WHERE ▼

BRANCH OF SERVICE ▼

NATURE OF SERVICE RENDERED ▼

IF DISCHARGED: GIVE DATE AND NATURE OF DISCHARGE ▼

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25. **Have you served in the armed forces (reserves or otherwise) of any country *other than the United States of America*?** . . . . .  No  Yes

If **Yes**, state:

**PERIOD SERVED: From (Month/ Year) \_\_\_\_\_ / \_\_\_\_\_ To (Month/ Year) \_\_\_\_\_ / \_\_\_\_\_**

NAME OF COUNTRY ▼

BRANCH OF SERVICE ▼

REASON FOR SEPARATION FROM SERVICE ▼

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26. **Note:** Answer only if you answered ‘**Yes**’ to questions 24 or 25:

**As a member of any armed forces**, have you been the subject of any charge, or have any proceedings been instituted against you, or have you been a defendant in any court martial proceeding? . . .  No  Yes

If **Yes**, state the facts:

**F. CRIMINAL RECORD**

27. **Have you ever, either as an adult or a juvenile,** been cited, ticketed, arrested, taken into custody, charged with, indicted, convicted or tried for, or pleaded guilty to, the commission of any felony or misdemeanor or the violation of any law, or been the subject of any juvenile delinquency or youthful offender proceeding? Traffic violations that occurred more than ten years before the filing of this application need not be reported, except alcohol- or drug-related traffic violations, which must be reported in all cases, irrespective of when they occurred. Do not report parking violations. . . .  **No**  **Yes**

If **Yes** state:

|  |                     |
|--|---------------------|
| NAME AND LOCALITY OF COURT ▼               | CHARGE OR CHARGES ▼ |
| DISPOSITION THEREOF AND UNDERLYING FACTS ▼ |                     |

**Although a conviction may have been expunged from the records by order of a court, it nevertheless should be disclosed in the answer to this question. Please note that you should have available and be prepared to submit or exhibit copies of police and court records regarding any matter you disclose in reply to this question.**

**G. CIVIL MATTERS**

28. **State whether you have** ever testified, refused to testify, or been granted immunity, as a complainant, party or witness in any action or proceeding, or before any prosecuting or investigative agency in any matter. . . .  **No**  **Yes**

29. **State whether you have** ever failed to answer any ticket, summons or other legal process served upon you at any time. . . .  **No**  **Yes**

30. If you answered **Yes** to question **29**, was any warrant, subpoena or further process issued against you as a result of your failure to respond to such legal process? . . .  **No**  **Yes**

31. **State whether there are any unpaid** traffic or parking tickets in your name or attributable to a motor vehicle registered in your name; if **Yes**, please complete the following: . . .  **No**  **Yes**

|                                   |         |                               |
|-----------------------------------|---------|-------------------------------|
| DESCRIPTION OF UNPAID TICKET(S) ▼ | FINES ▼ | Amount(s) due and Date(s) due |
|-----------------------------------|---------|-------------------------------|

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32. **State whether you have** ever been charged with fraudulent conduct or any other act involving moral turpitude. . . . .  No  Yes
- 
33. **State whether you have** ever been a complainant, party or witness to or otherwise involved in any civil or criminal action, proceeding or investigation not covered by answers to the above questions 28-32. . . . .  No  Yes

**If you answered Yes to any of the above questions 28-33, indicate the question and state the facts as fully as possible. If applicable, provide the name and locality of the court or agency, the approximate date of the action or proceeding, and the judgment or other disposition.**

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**H. MENTAL CONDITIONS & IMPAIRMENTS, SUBSTANCE ABUSE AND ADDICTIONS**

The purpose of these inquiries is to assist the Appellate Division of the Supreme Court and its Committee on Character and Fitness in evaluating the applicant’s current fitness to practice law. This information shall be treated confidentially (*see* Judiciary Law§ 90[10]).

The mere fact of treatment for mental health, alcohol, drug or other substance abuse conditions and impairments or gambling addiction is not, in itself, a basis on which an applicant is denied admission.

This section is not intended to require disclosure of physical conditions or impairments, general guidance counseling for smoking disorders, weight loss advice, academic support, matrimonial and family issues, crime victim issues or career counseling.

An applicant may be denied admission where the applicant's ability to function is impaired in a manner relevant to the fitness to practice law, or where the applicant demonstrates a lack of candor by his or her responses. This is consistent with the public purpose underlying the licensing responsibilities assigned to the Appellate Division. The burden of proving an applicant’s fitness to practice law is borne by the applicant.

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34. **Do you currently have any condition or impairment** including, but not limited to a mental, emotional, psychiatric, nervous or behavioral disorder or condition, or an alcohol, drug or other substance abuse condition or impairment or gambling addiction, which in any way impairs or limits your ability to practice law? . . . . .  No  Yes

If your answer is **Yes**, describe the nature of the condition or impairment:

If your answer is **Yes**, are the limitations caused by your condition or impairment reduced or ameliorated because you receive ongoing treatment or because you participate in a monitoring or support program? . . . . .  No  Yes

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If your answer is **Yes**, the Committee on Character and Fitness may require that you provide an Authorization for the Release of Health Information Pursuant to HIPAA (OCA Official Form No.:960) for some or all of the providers of your treatment. The form is available at [www.nycourts.gov/forms/hipaa\\_fillable.pdf](http://www.nycourts.gov/forms/hipaa_fillable.pdf)

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**35. Are you currently using any illegal drugs?** . . . . .  No  Yes

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**36. Within the past five years, have you engaged in any conduct that:**

- 1- resulted in an arrest, discipline, sanction or warning;
- 2- resulted in termination or suspension from school or employment;
- 3- resulted in loss or suspension of any license;
- 4- resulted in any inquiry, any investigation, or any administrative or judicial proceeding by an employer, educational institution, government agency, professional organization, or licensing authority, or in connection with an employment disciplinary or termination procedure; or
- 5- endangered the safety of others, breached fiduciary obligations, or constituted a violation of workplace or academic conduct rules?

**If so**, provide a complete explanation and include all defenses or claims that you offered in mitigation or as an explanation for your conduct.

No  Yes

If you answered **Yes**, furnish the following information:

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NAME OF ENTITY BEFORE WHICH THE ISSUE WAS RAISED (I.E., COURT, AGENCY, ETC.) ▼

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ADDRESS ▼

---

CITY / STATE / ZIP ▼ TELEPHONE ▼

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COUNTRY ▼ PROVINCE ▼

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NATURE OF THE PROCEEDING ▼

---

RELEVANT DATE(S) ▼

---

DISPOSITION, IF ANY ▼

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EXPLANATION ▼

**I. CHILD SUPPORT**

37. As of the date this application for admission is filed, **state whether you are or are not under an obligation to pay child support.** . . . . .  I AM  I AM NOT

If you answered 'I AM', answer the following questions:

a- Are you four months or more in arrears in the payment of child support? . . . . .  No  Yes

b- Are you making payments by income execution or by court agreed payment or repayment plan or by plan agreed to by the parties? . . . . .  No  Yes

c- Is the child support obligation the subject of a pending court proceeding? . . . . .  No  Yes

d- Are you receiving public assistance or supplemental security income? . . . . .  No  Yes

If you answered 'Yes' to question 37 a, but 'No' to 37 b, c, or d, please explain:

PLEASE NOTE THAT PERSONS WHO ARE FOUR MONTHS OR MORE IN ARREARS IN CHILD SUPPORT OR WHO HAVE FAILED TO COMPLY WITH A SUMMONS, SUBPOENA OR WARRANT RELATING TO A PATERNITY OR CHILD SUPPORT PROCEEDING MAY BE SUBJECT TO SUSPENSION OF THEIR BUSINESS, PROFESSIONAL, DRIVER'S AND/OR RECREATIONAL LICENSES AND PERMITS INCLUDING, BUT NOT LIMITED TO, LICENSES ISSUED PURSUANT TO ENVIRONMENTAL CONSERVATION LAW § 11-0713.

Please further note that the intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable pursuant to section 175.35 of the Penal Law of the State of New York.

**J. FINANCIAL MATTERS / DEFAULTS**

38. Are there any unsatisfied judgments against you? . . . . .  No  Yes

If Yes, list the same giving the name and address of the judgment creditor and the court by which judgment was made, together with the date and amount thereof and the nature of the claim on which it was based.

JUDGMENT CREDITOR NAME▼ JUDGMENT CREDITOR ADDRESS▼

COURT▼ DATE▼ AMOUNT▼

NATURE OF CLAIM▼

**39. Are you in default** in the performance or discharge of any duty or obligation imposed upon you by a judgment, decree, order or directive of any court or governmental agency? . . . . .  **No**  **Yes**  
If **Yes**, state the facts.

**40. Do you owe any debt for \$300 or more, which is past due for over 90 days?** . . . . .  **No**  **Yes**  
If **Yes**, list each such debt and state the name and address of the creditor, the amount presently owed, the due date, and the nature of the debt.

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|                 |                      |
|-----------------|----------------------|
| CREDITOR NAME▼  | CREDITOR ADDRESS▼    |
| AMOUNT OWED▼    | DUE DATE▼ (MM/DD/YY) |
| NATURE OF DEBT▼ |                      |

---

|                 |                      |
|-----------------|----------------------|
| CREDITOR NAME▼  | CREDITOR ADDRESS▼    |
| AMOUNT OWED▼    | DUE DATE▼ (MM/DD/YY) |
| NATURE OF DEBT▼ |                      |

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|                 |                      |
|-----------------|----------------------|
| CREDITOR NAME▼  | CREDITOR ADDRESS▼    |
| AMOUNT OWED▼    | DUE DATE▼ (MM/DD/YY) |
| NATURE OF DEBT▼ |                      |

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41. **Have you ever applied for or been granted a discharge in bankruptcy?** . . . . .  No  Yes

If **Yes**, briefly state the facts, including the reason for bankruptcy, date of petition, date of discharge or other disposition, and court:

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**K. LICENSES / BONDS**

Please answer both questions 42 and 43.

**42. a- Have you ever applied for a license** the procurement of which required proof of good character (**other than** Bar applications listed under questions **18-20** above)? . . . . .  **No**  **Yes**

If granted, state, as to each such license, the approximate date it was granted and the name of the authority granting it:

|          |                        |                    |
|----------|------------------------|--------------------|
| LICENSE▼ | DATE GRANTED (MM/YY) ▼ | NAME OF AUTHORITY▼ |
| LICENSE▼ | DATE GRANTED (MM/YY) ▼ | NAME OF AUTHORITY▼ |
| LICENSE▼ | DATE GRANTED (MM/YY) ▼ | NAME OF AUTHORITY▼ |
| LICENSE▼ | DATE GRANTED (MM/YY) ▼ | NAME OF AUTHORITY▼ |

**b-** If your application for such a license was not granted, state the facts:

**c-** If any such license was revoked or suspended, state the facts:

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**43. Has anyone ever sought to recover** on or cancel a fidelity bond on account of your conduct in connection with a bonded position held by you? . . . . .  **No**  **Yes**

If **Yes**, specify the nature of your position, the dates during which you were bonded, and the underlying circumstances:

|                            |                                 |
|----------------------------|---------------------------------|
| POSITION ▼                 | DATES BONDED ▼ (MM/YY to MM/YY) |
| UNDERLYING CIRCUMSTANCES ▼ |                                 |



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**L. LOYALTY / OATHS / RULES OF PROFESSIONAL CONDUCT**

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44. **Have you ever organized or helped to organize or become a member** of any organization or group of persons which, during the period of your membership or association, you knew was advocating or teaching that the government of the United States or any state or any political subdivision thereof should be overthrown or overturned by force, violence or any unlawful means? . . . . .  **No**  **Yes**

If **Yes**, state the facts:

- 
45. **Please read carefully: I hereby state** that I can take and subscribe to an oath or affirmation that I will support the Constitution of the United States and the State of New York.

**I hereby conscientiously affirm** that I am, without any mental reservation, loyal to and ready to support the Constitutions of the United States and the State of New York.

**I have read and I will conscientiously endeavor to conform** my professional conduct to the Rules of Professional Conduct adopted by the Appellate Division (see 22 NYCRR Part 1200).

**If you cannot so state**, affirm and or endeavor, please explain:

**SINCE THIS IS A CONTINUING APPLICATION, I WILL SUBMIT SUCH ADDITIONAL AFFIDAVITS, PAPERS OR INFORMATION AS MAY BE REQUESTED OR AS MAY BE NECESSITATED BY ANY CHANGE IN MY SITUATION UP TO THE DATE OF MY APPEARANCE BEFORE THE APPELLATE DIVISION TO BE SWORN IN AS AN ATTORNEY AND COUNSELOR-AT-LAW.**

**THIS APPLICATION FOR ADMISSION QUESTIONNAIRE MUST BE SIGNED AND  
NOTARIZED AS INDICATED BELOW.**

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

COUNTY OF \_\_\_\_\_ ss.:

CITY OF \_\_\_\_\_)

I, \_\_\_\_\_, SWEAR (OR AFFIRM) THAT:

NAME OF APPLICANT

I have read the foregoing questions and have fully, truthfully and accurately answered the same. The foregoing answers are true of my own knowledge, except if stated to be made upon information and belief, and as to such answers, I believe them to be true.

I authorize the Appellate Division of the Supreme Court and its Committee on Character and Fitness to investigate my character and general fitness to practice law and to contact individuals and entities listed in this Application for Admission for the purpose of ascertaining my character and fitness to practice law. I further authorize such individuals and entities to communicate with the Appellate Division of the Supreme Court and its Committee on Character and Fitness in this regard to provide such clarification and/or further information and documentation as it requires.

I hereby release, discharge, and exonerate the Appellate Division of the Supreme Court and its Committee on Character and Fitness, their members, agents and representatives, as well as any person furnishing information to the committee from any and all liability of every nature and kind in the course of their duties arising out of the investigation made by the Appellate Division into my moral character, professional reputation, and general fitness for the practice of law, including, without limitation, the inspection of documents, records, and other information related to my treatment for any mental health, drug, alcohol or other substance related condition, or any addiction.

Signature of applicant \_\_\_\_\_

Dated \_\_\_\_\_

Subscribed and sworn to or affirmed before me this

\_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_\_.

\_\_\_\_\_  
**Notary Public\***

(Sign & Affix seal or stamp.)

\* If application questionnaire is sworn to outside the United States, its commonwealths, territories, or possessions, and the attesting officer is not a notary public, attach a certificate of the attesting officer's authority to attest to or witness the signature of the affiant in the jurisdiction.

**ADDENDUM: DESIGNATION OF AGENT**

This designation must be completed only by applicants who do not reside and are not employed full time in the State of New York (see 22 NYCRR 520.13).

I, \_\_\_\_\_, do hereby appoint the Clerk of the Appellate Division, \_\_\_\_\_ Judicial Department,\* as my agent upon whom process may be served with like effect as if served upon me personally, in any action or proceeding hereafter brought against me and arising out of or based upon any legal services rendered or offered to be rendered by the undersigned in the State of New York.

Signature of applicant \_\_\_\_\_

Dated \_\_\_\_\_

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

COUNTY OF \_\_\_\_\_ ss.:

CITY OF \_\_\_\_\_)

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the above designation of agent and acknowledged to me that he or she executed the same, and that by his or her signature on the designation of agent he or she executed the designation of agent.

\_\_\_\_\_  
**Officer qualified to administer oath  
(Notary Public)\*\***  
(Sign & Affix seal or stamp.)

\* Enter the Appellate Division Department in which you are being admitted.

\*\* If designation of agent is sworn to outside the United States, its commonwealths, territories, or possessions, and the attesting officer is not a notary public, attach a certificate of the attesting officer's authority to attest to or witness the signature of the affiant in the jurisdiction.