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

FORM AFFIDAVIT AS TO APPLICANT'S COMPLIANCE WITH THE PRO BONO REQUIREMENTS, INCLUDING CERTIFICATION BY SUPERVISOR

INSTRUCTIONS

All applicants for admission to practice as attorneys in New York State must complete at least 50 hours of law-related pro bono work as defined and required by Court of Appeals Rule § 520.16 prior to being admitted. Applicant must submit a form affidavit for each pro bono project that applicant is using to satisfy the 50-hour requirement and must secure the certification of the individual who supervised each project. All applicants should refer to the Frequently Asked Questions about Pro Bono Requirements (available at www.nycourts.gov/attorneys/probono/baradmissionreqs.shtml) for further information about qualifying work.

PLEASE PRINT OR TYPE THIS FORM

To	R۵	Certified	Under	Oath	Rv	Annli	cant
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NAME OF APPLICANT +		
ADDRESS OF APPLICANT ▼		CITY / TOWN / VILLAGE ▼
STATE ▼	ZIP▼	COUNTRY (if not USA) ▼
NAME OF ORGANIZATION/DEP	ARTMENT WHERE PRO BONO EXP	ERIENCE WAS COMPLETED *
SUPERVISING ATTORNEY 🔻		
ORGANIZATION/DEPARTMENT ADD	DRESS ▼	
STATE ▼	ZIP ▼	COUNTRY (if not USA) ▼
ORGANIZATION PHONE ▼	ORGANIZATION E-MAIL	. ▼
NUMBER OF HOURS COMP INDICATE CATEGORY OF S Legal Services Prov	ERVICE by checking appropri	
pro bono work outside the Ur		the pro bono work completed. If applicant performed the last be included about the type of work performed, the nature of lonal sheets if needed.)

STATE (Country) OF:)	
) ss.:	
COUNTY (City) OF:)	
I (print name of applicant),	that the
Signature of Applicant:	
Subscribed and sworn to or affirmed before me this	
day of in the year 20	
Notary Public*	
(Affix seal or stamp.)	
* If this affidavit is sworn to outside the United States, it commonwealths, territories or possessions, and the attesting office notary public, attach a certificate of the attesting officer's authority to attest to or witness the signature of the affiant in the	
To Be Completed By Supervisor:	
SUPERVISOR CERTIFICATION	
I HEREBY CERTIFY (a) that I have read the foregoing Affidavit of Compliance and (b) that the applicant has ac described the circumstances, timing and nature of the pro bono work described therein.	curately
▼ ATTORNEY SIGNATURE ▼ PRINT ATTORNEY NAME ▼ DATE	
▼ ATTORNEY TITLE	
▼ ATTORNEY EMPLOYER:	
▼ JURISDICTION WHERE ADMITTED TO PRACTICE LAW:	
▼ E-MAIL ADDRESS ▼ TELEPHONE	
▼ COMMENTS (if further explanation is necessary)	