

# Application for Admission to Practice as an Attorney and Counselor-at-Law in the State of New York

New York State Supreme Court Appellate Division

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 § 520.16 of the Rules of the Court of Appeals 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 <a href="www.nycourts.gov/attorneys/probono/baradmissionreqs.shtml">www.nycourts.gov/attorneys/probono/baradmissionreqs.shtml</a>) for further information about qualifying work. **The applicant must provide the information requested on page one of the form, and then have the form** 

The applicant must provide the information requested on page one of the form, and then have the form notarized. After the form is notarized, the attorney who supervised the applicant's pro bono work must then complete the Supervisor Certification.

#### TO BE CERTIFIED UNDER OATH BY APPLICANT:

Name of Applicant	BOLE ID # (NYS E	BOLE ID # (NYS Board of Law Examiners Identification Number)  B City/Town/Village	
Address of Applicant	City/Town/Village		
State	ZIP	Country (if not USA)	
Name of Organization Where Pro-Bono Experience Was Co	ompleted		
Supervising Attorney			
Address of Organization	City/Town/Village	ity/Town/Village	
State	ZIP	Country (if not USA)	
Organization Phone Organization E-mail		nail	
ates of Service: From (mm/dd/yyyy):	To (mm/dd/yyyy):		
umber of Hours Completed:	_		
dicate Category of Service by checking appro	priate box below:		
Legal Service Provider Government S	Service Law School Spon	sored Program Other	

All applicants must provide a description of the nature of the pro bono work completed. If applicant performed the pro bono work outside the United States, complete details must be included about the type of work performed, the nature of the program and where the work was performed. (Attach additional sheets if needed.)

### 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 (Continued)

STATE (COUNTRY) OF	
COUNTY OF	
CITY OF	
I (name of applicant),	, SWEAR (OR AFFIRM) that the
foregoing information is true and accurate to the best of my knowledge.	
Signature of Applicant	
Dated (mm/dd/yyyy)	
Subscribed and sworn to or affirmed before me this	
day of in the year 20	
Notary Public* (Sign & Affix seal or stamp)	

<sup>\*</sup> If this affidavit 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.

## 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 (Continued)

### **SUPERVISOR CERTIFICATION**

TO BE CO	MPLETED BY SUPERVISOR:
	CERTIFY (a) that I have read the foregoing affidavit of compliance and (b) that the applicant has described the circumstances, timing and nature of the pro bono work described therein.
Applicant's	s duties were satisfactorily performed:
Yes	No (if "No" applicant's performance was not satisfactory in the following respects:)
I UEDEDV	/ CEPTIEV any other facts within my knowledge, or of which I have information, which in my eninion have
any bearir	CERTIFY any other facts within my knowledge, or of which I have information, which in my opinion have no on applicant's qualifications and moral character or fitness to practice law, or which would be helpful to late Division or its Committees on Character and Fitness in determining applicant's character and fitness.
	Signature of Attorney
	Attorney's Printed Name
	Dated (mm/dd/yyyy)
Attorney's Ti	tle
Attorney's Er	nployer
Jurisdiction \	Where Admitted to Practice Law
Telephone	Email