## 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

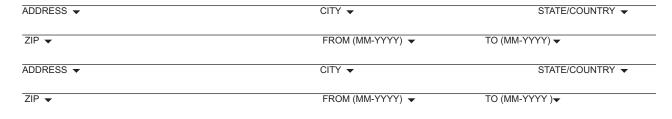
MAILING ADDRESS STREET ▼  STATE ▼	ZIP▼	CITY / TOWN / VILLAGE ▼  COUNTRY (if not USA) ▼
MAILING ADDRESS STREET ▼		CITY / TOWN / VILLAGE ▼
<b>1.</b> My full mailing address is as follows:		
answers to the following questions have b language have been supplied by me and n the answers have been carefully read by n	peen written by me not by applicant or ne, and that the sev	ant), being duly sworn, depose and say that the cor under my direction; that the substance and the any other person; and that both the questions and veral answers are true to my own knowledge, except which express my opinion, and as to those answers,
CITY OF	)	
COUNTY OF	· ·	
STATE (COUNTRY) OF	)	
For each law-related employment or periodustionnaire (see question number 15), aptice, this affidavit must be completed by an pleted by persons related to applicant by bit to the applicant, who should submit it with Note to applicants applying for admission	pplicant must submin attorney. Unless of blood or marriage. Th and at the same tim on examination: do e affidavit or listed on	ce listed by applicant on the application for admission to this original form affidavit. For a period of <b>solo</b> pracherwise not feasible, this affidavit should not be completed the person completing this form affidavit should return eas his or her application for admission questionnaire. not submit an employment affidavit for employments in your pro bono scholars program completion affidavit in for admission questionnaire).
INSTRUCTIONS		
(name of applicant)  for Admission to Practice as an Attorney and Counselor-at-Law.		BOLE ID# (NYS Board of Law Examiners Identification Number):
In the Matter of the Application of		
☐ 1 <sup>ST</sup> DEPT. ☐ 2 <sup>ND</sup> DEPT. ☐ 3 <sup>RD</sup> DEPT. ☐	<b>4</b> <sup>TH</sup> DEPT.	
APPELLATE DIVISION: (check one)	UKI	
NEW YORK STATE SUPREME CO	HDT	
TOP SECTION ONLY TO BE COMPLET		•••

**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 da state how and why):	tes of employ	ment (or that it conti	inues to dat	e) (if terminated, affi	ant should
PERIOD FROM (Month / Year)	: /	To (Month / Year):	1	or Continues to Date	e /
IF TERMINATED: HOW AND WHY	? ▼				
(3) Position and nature and e	xtent of legal	services performed	by applican	t:	
POSITION(S) HELD AND NATURE	OF LEGAL SERVI	CES PERFORMED ▼			
(b) My relationship with the em	ployer and ap	oplicant during the po	eriod of em	ployment was as foll	ows:
(1) My position with employ poration, managing attorn		le, member of emplo	oying firm,	head of law departm	ent of a cor-
MY POSITION(S) ▼  (2) Nature and frequency of	my contacts w	yith and/or supervisi	on if any c	of applicant (if affian	t did not
supervise applicant, affia	•				i did not
(c) Applicant's duties were satisfif 'No', applicant's performa					□ No □ Yes

IF THIS AFFIDAVIT IS NOT IN ENGLISH, IT MUST BE ACCOMPANIED BY A DULY AUTHENTICATED ENGLISH TRANSLATION.

<sup>\*</sup> 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.