



# 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):	<input type="checkbox"/> Admission on Examination	or	<input type="checkbox"/> Admission on Motion without Examination.
APPELLATE DIVISION (check one):	<input type="checkbox"/> 1 <sup>ST</sup> DEPT.	<input type="checkbox"/> 2 <sup>ND</sup> DEPT.	<input type="checkbox"/> 3 <sup>RD</sup> DEPT. <input type="checkbox"/> 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 ▼
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**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 ▼	COUNTRY (if not USA) ▼
TELEPHONE ▼	E-MAIL (if any) ▼

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

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

**9. Prior residences:**

List all prior temporary and permanent residences since you reached the age of 21 or during the past ten years, whichever period is shorter. Include college residences, military addresses, and temporary residences of more than six months duration away from home for educational, business or other special purposes. *Provide a chronological continuous residence listing (from earliest to latest) without interruption.*

PERIOD FROM (Month / Year): [ ] To (Month / Year): [ ]

STREET ADDRESS ▼	CITY / TOWN / VILLAGE ▼	
STATE ▼	ZIP ▼	COUNTRY (if not USA) ▼

PERIOD FROM (Month / Year): [ ] To (Month / Year): [ ]

STREET ADDRESS ▼	CITY / TOWN / VILLAGE ▼	
STATE ▼	ZIP ▼	COUNTRY (if not USA) ▼

PERIOD FROM (Month / Year): [ ] To (Month / Year): [ ]

STREET ADDRESS ▼	CITY / TOWN / VILLAGE ▼	
STATE ▼	ZIP ▼	COUNTRY (if not USA) ▼

PERIOD FROM (Month / Year): [ ] To (Month / Year): [ ]

STREET ADDRESS ▼	CITY / TOWN / VILLAGE ▼	
STATE ▼	ZIP ▼	COUNTRY (if not USA) ▼

PERIOD FROM (Month / Year): [ ] To (Month / Year): [ ]

STREET ADDRESS ▼	CITY / TOWN / VILLAGE ▼	
STATE ▼	ZIP ▼	COUNTRY (if not USA) ▼

PERIOD FROM (Month / Year): [ ] To (Month / Year): [ ]

STREET ADDRESS ▼	CITY / TOWN / VILLAGE ▼	
STATE ▼	ZIP ▼	COUNTRY (if not USA) ▼

**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) \_\_\_\_\_

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) \_\_\_\_\_

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) \_\_\_\_\_

**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, in chronological order (from earliest to latest). 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.

**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 a form affidavit. If you have not had any substantial 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 ▼

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** ▼

**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) ▼	
TFI FPHONE ▼		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, or profession, other than law, 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.

17. **In connection with any employment, 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**

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:

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

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.

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**APPLICANTS ADMITTED IN OTHER STATES OR COUNTRIES MUST ATTACH: (1) an original copy of a certificate of admission and good standing at the Bar from each such jurisdiction and (2) a 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.**

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:



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:

[Empty text box for explanation]

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:

[Empty text box for explanation]

**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 [ ]

[Empty text box for details]

IF DISCHARGED: GIVE DATE AND NATURE OF DISCHARGE [ ]

[Empty text box for discharge details]

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:

**INCLUSIVE DATES OF SERVICE:** From (Month/ Year) [ ] To (Month/ Year) [ ]

NAME OF COUNTRY ▼ [ ] BRANCH OF SERVICE ▼ [ ]

REASON FOR SEPARATION FROM SERVICE ▼ [ ]

[ ]

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, 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, except minor parking violations, or been the subject of any juvenile delinquency or youthful offender proceeding? . . . . .  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 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 TRAFFIC TICKET(S) ▼	FINES ▼	Amount(s) due and Date(s) due

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 HEALTH, SUBSTANCE ABUSE AND ADDICTIONS**

**The following questions inquire about mental health, alcohol, drug or other substance abuse conditions and impairments, and gambling addiction.** 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 problems, 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. An applicant who has demonstrated personal responsibility and maturity in dealing with mental health, alcohol, drug or other substance abuse conditions and impairments or gambling addiction, including seeking treatment when necessary, may be certified for admission, provided the applicant otherwise demonstrates a current fitness to practice law.

This question is not intended to require disclosure of 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 qualification and fitness to practice law is borne by the applicant.

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- 34. Within the past ten years, have you been diagnosed with, treated for or hospitalized for any of the following:** a psychotic disorder (such as schizophrenia, delusional disorder or paranoia); a severe mood or anxiety disorder (such as bipolar, major depressive mood disorder, or obsessive-compulsive disorder); alcohol, drug or substance abuse; an impulse control disorder (such as compulsive gambling); or a personality disorder (such as antisocial personality disorder, borderline personality disorder or paranoid personality disorder)? . . . . .  No  Yes

If your answer is **Yes**, describe the nature of the disorder or condition, state whether you are currently in treatment, including whether you are taking medication, and provide the name of each provider who is treating or has treated you for the condition, including the names of all clinics or hospitals at which you have been treated:

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.

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35. **Do you currently have any mental health 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, or if left untreated could impair or limit, your ability to practice law in a competent and professional manner? (NOTE: Do NOT duplicate conditions discussed in question 34, above.) . . . . .  No  Yes

If your answer is **Yes**, describe the nature of the disorder or condition, state whether you are currently in treatment, including whether you are taking medication, and provide the name of each provider who is treating or has treated you for the condition, including the names of all clinics or hospitals at which you have been treated:

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.

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

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37. **Within the past ten years**, have you raised the issue of a mental, emotional, psychiatric, nervous, or behavioral disorder or condition, alcohol, drug or other substance abuse condition or impairment or gambling addiction as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation, or any disciplinary proceeding by an educational institution, employer, government agency, professional organization, or licensing authority, or in any other proceeding? . . . . .  No  Yes

If your answer is **Yes**, furnish a thorough explanation below:

**I. CHILD SUPPORT**

38. 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 38 a, but 'No' to 38 b, c, and 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**

39. 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▼		

40. **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.

41. **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.

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▼	

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

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

If **Yes**, state the facts:

43. **Do you have any loan made or guaranteed by the New York State Higher Education Services Corporation currently outstanding?** . . . . .  No  Yes

If **Yes**, state whether you are presently in default on any such loan: . . . . .  No  Yes

If you are presently in default, state the name and address of the creditor, the amount presently owed, the due date, and the nature of the default:

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

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

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



**K. LICENSES / BONDS**

Please answer both questions 44 and 45.

44. 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:

[Redacted area for response to question 44b]

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

[Redacted area for response to question 44c]

45. 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▼	

[Redacted area for response to question 45]

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

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46. **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:

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47. **Is there any reason why you cannot take and subscribe to an oath or affirmation that you will support the Constitutions of the United States and of the State of New York?** . . . . .  No  Yes

If **Yes**, please explain:

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48. **I hereby conscientiously affirm that I am, without any mental reservation, loyal to and ready to support the Constitution of the United States.**

If you cannot so affirm, please explain:

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49. **Have you read the *Rules of Professional Conduct* adopted by the Appellate Division (*see 22 NYCRR Part 1200*)?** . . . . .  No  Yes

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50. **Will you conscientiously endeavor to conform your professional conduct to them?** . . .  No  Yes

**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 \_\_\_\_\_ )  
\_\_\_\_\_ ) ss.:  
COUNTY (CITY) OF \_\_\_\_\_ )

**I, \_\_\_\_\_, SWEAR (OR AFFIRM) THAT:**  
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 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 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**  
(Affix seal or stamp.)

**(If application questionnaire is sworn to outside the United States, its commonwealths, territories, or possessions, attach certificate of attesting officer's authority.)**

**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 \_\_\_\_\_.)

\_\_\_\_\_.) ss.:

COUNTY (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)  
(Affix seal or stamp.)**

**(If this designation of agent is sworn to outside the United States, its commonwealths, territories, or possessions, attach certificate of attesting officer’s authority.)**

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