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 Be	Certified	Under	Oath	By A	pplicant
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NAME OF APPLICANT •			
ADDRESS OF APPLICANT ▼		CITY / TOWN / VILLAGE ▼	
STATE ▼	ZIP▼	COUNTRY (if not USA) ▼	
NAME OF ORGANIZATION/DEPA	ARTMENT WHERE PRO BONO EXPE	RIENCE WAS COMPLETED 🔻	
SUPERVISING ATTORNEY ▼			
ORGANIZATION/DEPARTMENT ADD	RESS ▼		
STATE ▼	ZIP ▼	COUNTRY (if not USA) ▼	
ORGANIZATION PHONE ▼	ORGANIZATION E-MAIL	▼	
DATES OF SERVICE: NUMBER OF HOURS COMP	From (mm/dd/yyyy):/ PLETED: ERVICE by checking appropria		
Legal Services Provi		☐ Law School Sponsored Program	Other
pro bono work outside the Un		he pro bono work completed. If applicant t be included about the type of work perform nal sheets if needed.) ▼	•

STATE (Country) OF:)
) ss.:
COUNTY (City) OF:)
I (name of applicant), information is true and accurate to the best of i	, SWEAR (OR AFFIRM) that the foregoing my knowledge.
Signature of Applicant	<u> </u>
Subscribed and sworn to or affirmed before me this	
day of in the year 20	.
Notary Public (Affix seal or stamp.)	
(If this afffidavit is sworn to outside the United States, its commonwe	alths, territories or possessions, attach a certificate of the attesting officer's authority.)
To Be Completed By Supervisor: SUPERVISOR CERTIFICATION	
I HEREBY CERTIFY (a) that I have read the foregoing described the circumstances, timing and nature of the	Affidavit of Compliance and (b) that the applicant has accurately pro bono work described therein.
▼ 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)	