

SUPREME COURT OF THE STATE OF NEW YORK
APPELLATE DIVISION: _____ JUDICIAL DEPARTMENT

In the Matter of the Application of

for Authorization to Engage in the
Limited Practice of Law

APPLICATION FOR AUTHORIZATION
TO ENGAGE IN THE LIMITED
PRACTICE OF LAW

_____, hereby affirms under penalty of perjury:

1. I am employed by _____ (the “Employer”) to engage in the practice of law in the State of New York. I respectfully submit this application for an order authorizing me to temporarily engage in the limited practice of law under the terms of the Temporary Authorization Program (the “Program”).

2. In _____, I received a(n) _____ degree from _____, a law school that is approved by the American Bar Association. My Board of Law Examiners (BOLE) ID Number is _____.

3. I am familiar with the requirements of the Program and certify that I am eligible to participate.

4. I am qualified to take the New York State bar examination, pursuant to the Rules for the Admission of Attorneys and Counselors-at-Law. I have not previously failed a bar examination administered in New York or any other state or territory of the United States, or in the District of Columbia.

5. I intend to sit for the Uniform Bar Examination (the “Exam”) no later than August 2021 and expect to seek certification for admission by the New York State Board of Law Examiners in this Department promptly thereafter. I am aware that if I (1) do not sit for the Exam by August 2021, (2) fail the Exam or any other bar examination administered in New York or any other state or territory of the United States, or in the District of Columbia, (3) fail to submit a completed Application for Admission to the appropriate Department of the Appellate Division within four weeks of the publication of my Exam results or promptly respond to any request for additional application materials, (4) am not admitted to the bar of the State of New York for reasons related

to my character or fitness to practice, or (5) cease to be employed by the Employer, my eligibility to participate in the Program will immediately lapse and I will no longer be authorized to engage in the limited practice of law pursuant to the Program.

6. I am aware that all of my legal work must be supervised by a qualified supervisor who is employed by the Employer. I understand that a qualified supervisor must be an attorney who has been duly admitted to practice in the State of New York for at least three years and is a member in good standing of the bar of the State of New York. I am also aware that a qualified supervisor's name must appear on all papers submitted to any court, tribunal, government agency, or other comparable authority, on which my name appears and that, whenever a signature is required by Part 130 of the Rules of the Chief Administrator of the Courts (22 NYCRR part 130), the paper shall be signed by a qualified supervisor.

7. I am familiar with the rules governing professional conduct and attorney discipline, and I understand that I am bound by those rules and subject to the authority of the Appellate Division with respect to attorney disciplinary matters.

8. I understand that if I become ineligible for the Program at any time, I will no longer be permitted to engage in the limited practice of law pursuant to the Program, and I will promptly notify this Court and any other appropriate Department of the Appellate Division.

Dated: _____, New York
_____, 2020
