



# 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 Completion of the Pro Bono Scholars Program

**Instructions:** Applicants who successfully completed the Pro Bono Scholars Program must submit this form with their application for admission. The applicant must provide the information requested on page one of the form, and then have the form notarized. The attorney who supervised the applicant's pro bono work must then complete the Placement Supervisor Certification. Thereafter, the faculty member who supervised the applicant's academic component must complete the Faculty Supervisor Certification. The completed original form must then be submitted for inclusion with the applicant's application for admission.

### TO BE CERTIFIED UNDER OATH BY APPLICANT:

Name of Applicant	BOLE ID # (NYS Board of Law Examiners Identification Number)	
	B	
Address of Applicant		
City/Town/Village	State	ZIP
Name of Law School From Which You Graduated		
Name of Law School, Law Firm, Corporation or Entity Where Pro Bono Placement Was Completed		
Address of School, Firm, Corporation or Entity Where Pro Bono Placement Was Completed		
City/Town/Village	State	ZIP

Dates of Service: From (mm/dd/yyyy): \_\_\_\_\_ To (mm/dd/yyyy): \_\_\_\_\_

Total Hours of Pro Bono Service Completed: \_\_\_\_\_ Total Academic Component Hours Completed: \_\_\_\_\_

Total Credits Earned In Pro Bono Scholars Program: \_\_\_\_\_

Description of the Nature of the Pro Bono Service Completed *(Include details regarding work performed, such as the type of client matters you handled, the substantive law involved, and the law-related activities in which you engaged.)*

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

**Form Affidavit as to Applicant's Completion of the Pro Bono Scholars Program (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)

\* 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.

## SUPERVISOR CERTIFICATION

### TO BE COMPLETED BY PLACEMENT SUPERVISOR:

**I HEREBY CERTIFY** (a) that I have read the foregoing affidavit of compliance and (b) that the applicant has accurately described the circumstances, timing and nature of the pro bono work described therein.

Applicant's duties were satisfactorily performed:

**Yes**      **No** (if "No" applicant's performance was not satisfactory in the following respects:)

**I HEREBY PROVIDE ANY OTHER FACTS** within my knowledge, or of which I have information, which in my opinion have any bearing on applicant's qualifications and moral character or fitness to practice law, or which would be helpful to the Appellate 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 Title \_\_\_\_\_

Attorney's Employer \_\_\_\_\_

Jurisdiction Where Admitted to Practice Law \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

## SUPERVISOR CERTIFICATION

### TO BE COMPLETED BY FACULTY SUPERVISOR:

**I HEREBY CERTIFY** (a) that I have read the foregoing Affidavit of Compliance and (b) that the applicant has successfully completed the academic component of the Pro Bono Scholars Program, and (c) that the applicant has been awarded at least 12 credits for participation in the program.

Signature of Faculty Member \_\_\_\_\_

Faculty Member's Printed Name \_\_\_\_\_

Dated (mm/dd/yyyy) \_\_\_\_\_

Faculty Member's Address

City/Town/Village \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Comments (if further explanation is necessary):