



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.*)

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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.

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

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 _____

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

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):