I acknowledge that I have read, understand and agree to the terms as stated on this registration form and have provided accurate information: (Pleases print name, sign and date)

Note: Non-attorney applicants must have signature notarized.*

Name: Constantine Chu	utis
Print	Signature
Date:	
Address (Street, City, State, Zip Code):	10 North Swezeytown Road, Middle Island, NY 11953
elephone Number: 6312941908	-
ax Number (optional):	_
*(For non-attorneys only)	
Sworn to before me this day of	, 20
Notary Public	

Please return completed registration form (3 pages) to:

E-Mail: nyscef@nycourts.gov (Preferred Method of Submission)

Fax:(212) 401-9146