

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____

**STATEMENT OF AUTHORIZATION FOR
ELECTRONIC FILING
**(Managing Attorney/Attorney in Charge for
Multiple Attorneys, In Firm/ Agency)****

I, _____, Esq. (Attorney Registration No. _____), am the managing attorney of/attorney in charge of e-filing for the law firm/agency or department (“the Firm”) _____. I hereby acknowledge that _____ (“the filing agent”) has registered as an authorized filing agent user of the New York State Courts Electronic Filing System (“NYSCEF”) (User ID _____). Further, I represent that the attorneys in the Firm who are authorized users of the NYSCEF system hereby authorize the filing agent to file documents on their behalf and at their direction in any e-filed matter in which they are counsel of record through NYSCEF, as provided in Section 202.5-b(d)(1) of the Uniform Rules for the Trial Courts.

This authorization extends to any matter in which these attorneys have previously consented to e-filing or may hereafter consent and to any matter in which they authorize the filing agent to record consent in the NYSCEF system. This filing authorization extends to any and all documents these attorneys generate and submit to the filing agent for filing in any such matter. This authorization, posted once on the NYSCEF website as to each matter in which these attorneys are counsel of record, shall be deemed to accompany any document in that matter filed by the filing agent on behalf of these attorneys.

Where a document intended for filing includes secure information as set forth in the E-Filing Rules, the attorney will notify the filing agent and direct the filing agent to mark that document Secure in the NYSCEF system. These attorneys further authorize the filing agent to view such Secure documents that they have filed or that they generate and submit to the filing agent for filing in any such matter.

This authorization shall continue until the Firm or attorney revokes the authorization in writing on a prescribed form delivered to the E-Filing Resource Center.

Dated: _____

Signature

City, State and Zip Code

Print Name

Phone

Firm/Department

E-Mail Address

Street Address