

Background Check Request Form

Please ej gemone: Mr. Mrs. Ms.

Name: _____

Office of Court Administration Registration Number: _____

Date of Birth: _____

Year of Admission to the New York State Bar: _____

Department of Admission: _____

Disciplinary History: _____

Reason for Request: _____

I hereby authorize the Attorney Grievance Committee, Supreme Court, Appellate Division, First Judicial Department, to review and release my disciplinary history to _____.

Print Name: _____

Signature: _____

Sworn to before me this _____ day of _____, 20__.

State of _____ County of _____

Notary: _____

Please include a self-addressed, stamped envelope and send request to:

Attorney Grievance Committee
Supreme Court, Appellate Division
First Judicial Department
61 Broadway, FL 2
New York, New York 10006
Attn: Background Check Clerk