

Appellate Division, Third Department
Attorney Admissions
P.O. Box 7350, Capitol Station
Albany, NY 12224-0350

ATTORNEY NAME CHANGE FORM

An attorney admitted by the Appellate Division, Third Judicial Department who wishes to change his or her name as listed on the Roll of Attorneys may do so by submitting this form to the Attorney Admissions Office (see below) setting forth the following:

1. Current name on Roll of Attorneys:

First _____ Middle _____ Last _____

2. Requested new name:

First _____ Middle _____ Last _____

3. Current mailing address:

Street _____ City _____

State _____ Zip _____ Country (if not United States) _____

4. Current email address: _____

5. Attorney registration number: _____

6. The reason for the name change: _____

7. Attach documentation supporting the name change request, for example, a marriage certificate, divorce decree, or name change order from a court; the original document is not required, i.e., a copy may be attached. If an attorney is unable to provide documentation, the attorney should attach his or her affidavit or affirmation explaining the circumstances of the name change request.

8. Enclose a self-addressed stamped envelope.

This form should be typewritten. Only a signed original of this form will be accepted for processing.

This form should be used only by attorneys admitted to practice by the Appellate Division, Third Judicial Department. Attorneys admitted by the First, Second or Fourth Departments of the Appellate Division should contact those Departments for their procedures regarding name changes.

Printed Name of Attorney

Signature of Attorney

Date

Submit form to: Appellate Division, Third Department
Attorney Admissions
P.O. Box 7350, Capitol Station
Albany, NY 12274-0350

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