

Supreme Court of the State of New York
Appellate Division: Second Judicial Department

CERTIFICATE OF GOOD STANDING REQUEST FORM

Name: _____
(First) (Middle) (Last)

Date of Admission: _____
(approximate)

Date of Birth : _____

Business Name and Address (If none, home address):

Phone: _____ E-mail: _____

Date: _____
(Signature of Attorney)

Number of certificates requested: _____

****Certificates will be issued only if you are current in biennial registration fees****

Submit this form, along with, (1) a check or money order for \$10.00 per certificate requested, made payable to "Clerk of the Court," and (2) a self-addressed, stamped, return envelope, to: .

Clerk's Office
Appellate Division, Second Judicial Department
45 Monroe Place
Brooklyn, N.Y. 11201
Attn: Certificates of Good Standing