

**SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_**

**STATEMENT OF AUTHORIZATION FOR  
ELECTRONIC FILING  
(Single Attorney Authorizing Individual Filing Agent)**

I, \_\_\_\_\_, Esq., (Attorney Registration No. \_\_\_\_\_) am an authorized user of the New York State Courts Electronic Filing System (“NYSCEF”) (User ID \_\_\_\_\_). I hereby authorize \_\_\_\_\_ (“the filing agent”) to utilize his/her  
NYSCEF filing agent ID to file documents on my behalf and at my direction in any e-filed matter in which I am counsel of record through the NYSCEF system, as provided in Section 202.5-b of the Uniform Rules for the Trial Courts.

This authorization extends to any consensual matter in which I have previously consented to e-filing, to any mandatory matter in which I have recorded my representation, and to any matter in which I may authorize the filing agent to record my consent or representation in the NYSCEF system.

This authorization extends to any and all documents I 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 I am counsel of record, shall be deemed to accompany any document filed in that matter by the filing agent.

Where a document intended for filing includes secure information as set forth in the EFiled Rules, I will notify the filing agent and direct the filing agent to mark that document Secure in the NYSCEF system.

I further authorize the filing agent to view such secure documents that I have filed or that I generate and submit to the filing agent for filing in any such matter.

This authorization also extends to matters of payment, which the filing agent may make either by debiting an account the filing agent maintains with the County Clerk of any authorized e-filing county or by debiting an account I maintain with the County Clerk of any authorized e-filing county.

This authorization regarding this filing agent shall continue until I revoke it 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