

**SUPREME COURT OF THE STATE OF NEW YORK  
APPELLATE DIVISION, THIRD DEPARTMENT**

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**STATEMENT OF E-FILING**

**Appellate Division  
Case/Docket No.:** \_\_\_\_\_

-against-

**Originating Court No.:**  
\_\_\_\_\_

**Date Notice of Appeal Filed:**  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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**PLEASE TAKE NOTICE:**

**Statement of prior E-Filing (appellant):**

- [ ] I, \_\_\_\_\_, am [ ] an attorney in good standing representing a party in the above-captioned action, [ ] an attorney admitted pro hac vice representing a party in this matter, or [ ] a self-represented party in this matter, and **hereby certify** under penalty of perjury that the above matter was electronically filed through the New York State Courts Electronic Filing System (“NYSCEF”) in the court of original instance. I understand that this matter must be perfected through the NYSCEF system, and am aware of the rights and responsibilities of parties (including unrepresented parties) under the Appellate Divisions e-filing rules (22 NYCRR Part 1245). Additionally, I understand that once an appellate number is assigned, I must serve this **Statement of E-Filing** together with Notification of Case Number (AD-EF-01) in accordance with Appellate Division e-filing rules, as supplemented by local rules.

**OR**

**Stipulation and consent of parties:**

- [ ] We the undersigned, counsel in good standing representing parties, counsel admitted pro hac vice, and/or an unrepresented party in this matter, hereby **stipulate and consent** to the use of the New York State Courts Electronic Filing System (“NYSCEF”) in this matter. We agree to be bound by Appellate Division e-filing rules (22 NYCRR Part 1245), as supplemented by local court rules.

The undersigned confirm that they are registered as authorized e-filers with NYSCEF and understand that the primary e-mail addresses, listed below, will be used for service of documents.

Dated:

Attorney [ ] Pro Hac [ ] Unrep [ ]

Attorney [ ] Pro Hac [ ] Unrep [ ]

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Attorney for (Identity of Parties)

\_\_\_\_\_  
Attorney for (Identity of Parties)

\_\_\_\_\_  
UCS Attorney Registration #

\_\_\_\_\_  
UCS Attorney Registration #

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Firm Name

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Firm Name

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Phone #

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E-Mail

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E-Mail

(Primary Service E-Mail Address)

(Primary Service E-Mail Address)

Attorney [ ] Pro Hac [ ] Unrep [ ]

Attorney [ ] Pro Hac [ ] Unrep [ ]

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Signature

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Signature

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Print Name

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Print Name

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Attorney for (Identity of Parties)

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Attorney for (Identity of Parties)

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UCS Attorney Registration #

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