

**SURROGATE’S COURT OF THE STATE OF NEW YORK
COUNTY OF _____**

**STATEMENT OF AUTHORIZATION FOR
ELECTRONIC FILING
(Managing Attorney Authorizing Filing Agent Entity)**

I, _____, Esq., (Attorney Registration No. _____) am the managing attorney of/attorney in charge of e-filing for _____ (the “Firm”). I hereby acknowledge and represent that the attorneys in the Firm who are authorized users of the New York State Electronic Filing System (“NYSCEF”) hereby authorize any employee of _____ who possesses a NYSCEF filing agent ID to file documents on their behalf and at their direction, as a filing agent, in any e-filed proceeding in which they are counsel of record through NYSCEF, as provided in Section 207.4-a of the Uniform Rules for the Trial Courts.

This authorization extends to any consensual proceeding in which these attorneys have previously consented to e-filing or may hereafter consent, to any mandatory proceeding in which they have recorded their representation, and to any proceeding in which they authorize the filing agent to record consent or representation in the NYSCEF system.

This authorization extends to any and all documents these attorneys generate and submit to the filing agent for filing in any such proceeding. This authorization must be filed by the filing agent each time the filing agent files any document(s) to a proceeding in which these attorneys are counsel of record.

These attorneys further authorize the filing agent to view documents that they have filed or that they generate and submit to the filing agent for filing in any such proceeding.

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 Clerk of the Surrogate’s Court in any authorized e-filing county or by debiting an account the Firm maintains with the Clerk of the Surrogate’s Court in any authorized e-filing county.

_____ Dated	_____ E-Mail Address
_____ Signature	_____ Street Address
_____ Print Name	_____ City, State and Zip Code
_____ Firm/Department	_____ Phone