SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF _____

-----X

Plaintiff(s)/Petitioner(s),

Index No.

- against -

STIPULATION AND CONSENT TO E-FILING

Defendant/Respondent(s).

-----X

We the undersigned, counsel in good standing representing parties in this matter, counsel admitted pro hac vice, and/or a self-represented 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 the rules governing the NYSCEF System (Section 202.5-b of the Uniform Rules for the Trial Courts) and the procedures of the NYSCEF system as reflected in the *User's Manual* approved by the Chief Administrator of the Courts and posted on the NYSCEF website.

Any of the undersigned who indicate below that they are not currently an authorized e-filing user in the NYSCEF System understand that they must first obtain a user ID and password before they may file any documents with NYSCEF and that they may do so by accessing the Create an Account button on the NYSCEF Login screen (https://iapps.courts.state.ny.us/nyscef/Login). They also understand that once they receive their credentials, their primary e-mail addresses, listed below, will be used for service of documents.

Dated: _____

Registered User: [] Yes [] No Attorney [] Pro Hac [] Pro Se []		Registered User: [] Yes [] No Attorney [] Pro Hac [] Pro Se []	
	_Signature		_Signature
	Print Name		Print Name
Attorney for (Identity of Parties)	-	Attorney for (Identity of Parties)	-
UCS Attorney Registration #	_Firm Name	UCS Attorney Registration #	- _ Firm Name
	_ Address		_ Address
	_ Phone #		_ Phone #
(Primary)	_ E-Mail	(Primary)	_ E-Mail
	2d E-Mail		_ 2d E-Mail

(Optional)

(Optional)

	3d E-Mail		3d E-Mail
(Optional)	_	(Optional)	_
Registered User: [] Yes [] No Attorney [] Pro Hac [] Pro Se []		Registered User: [] Yes [] No Attorney [] Pro Hac [] Pro Se []	-
	_Signature		_Signature
	_ Print Name		_ Print Name
Attorney for (Identity of Parties)	_	Attorney for (Identity of Parties)	-
UCS Attorney Registration #	– _ Firm Name	UCS Attorney Registration #	- _ Firm Name
	_ Address		_ Address
	Phone #		_ Phone #
	_ E-Mail	(Primary)	_ E-Mail
(Optional)	_2d E-Mail	(Optional)	_2d E-Mail
	_ 3d E-Mail	(Optional)	_ 3d E-Mail
(Optional)		(Optional)	