

**SURROGATE'S COURT OF THE STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_**

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

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 attorneys in the Firm who are authorized users of NYSCEF hereby authorize \_\_\_\_\_ ("the filing agent") to utilize his/her NYSCEF filing agent ID to file documents on their behalf and at their direction 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, posted once on the NYSCEF website as to each proceeding in which these attorneys are counsel of record, shall be deemed to accompany any document in that proceeding filed by the filing agent on behalf of these attorneys.

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.

This authorization regarding this filing agent shall continue until the Firm revokes the authorization in writing on a prescribed form delivered to the E-Filing Resource Center.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
City, State and Zip Code

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

\_\_\_\_\_  
Phone

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Firm/Department

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E-Mail Address

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Street Address