

DISTRICT COURT, COUNTY OF  
HELD AT:

**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 matter in which  
they are counsel of record through NYSCEF, as provided in Section 202.5-b of the Uniform  
Rules for the Trial Courts.

This authorization extends to any consensual matter in which these attorneys have  
previously consented to e-filing or may hereafter consent, to any mandatory matter in which  
they have recorded their representation, and to any matter 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 matter. This authorization, posted once on the  
NYSCEF website as to each matter in which these attorneys are counsel of record, shall be  
deemed to accompany any document in that matter filed by the filing agent on behalf of these  
attorneys.

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 District Court of  
any authorized e-filing county or by debiting an account the Firm maintains with the Clerk of  
the District Court of 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

Firm/Department

E-Mail Address

Street Address

EFDIST-15  
06/01/26