

DISTRICT COURT, COUNTY OF
HELD AT:

**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 the attorneys in the Firm who are
authorized users of the NYSCEF system 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 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-13
06/01/26