

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

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

I, _____, Esq., (Attorney Registration No. _____) am an authorized user of the New York State Courts Electronic Filing System (“NYSCEF”) (User ID). I hereby authorize _____ (“the filing agent”) to utilize his/her NYSCEF filing agent ID to file documents on my behalf and at my direction in any e-filed proceeding in which I am counsel of record through the NYSCEF system, as provided in Section 207.4-a of the Uniform Rules for the Trial Courts.

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

This authorization extends to all documents that I 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 I am counsel of record.

I further authorize the filing agent to view documents that I have filed or that I 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 I maintain with the Clerk of the Surrogate’s Court in any authorized e-filing county.

Dated

Email Address

Signature

Street Address

Print Name

City, State and Zip Code

Firm/Department

Phone