

**SUPREME COURT OF THE STATE OF NEW YORK**  
**COUNTY OF \_\_\_\_\_**

**AUTHORIZATION OF AGENT FOR SERVICE**

I, \_\_\_\_\_, Esq. (Attorney Registration No. \_\_\_\_\_),  
am an authorized user of the New York State Courts Electronic Filing System (“NYSCEF”)  
(User ID: \_\_\_\_\_) and am the attorney of record for a party in each of the following cases:

<u>Caption</u>	<u>Index Number</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Attached additional sheet for more actions)

I hereby acknowledge that \_\_\_\_\_ (“the filing agent”) has registered  
as an authorized filing agent user of the NYSCEF system (User ID \_\_\_\_\_).

I hereby acknowledge that I have filed a Statement of Authorization for Electronic Filing that  
authorizes this filing agent to file documents on my behalf and at my direction in any e-filed matter  
in which I am counsel of record through the NYSCEF system, as provided in Section 202.5-b(d)(1)  
of the Uniform Rules for the Trial Courts.

I now authorize and designate this filing agent to act as agent for service in the actions listed  
above.

I understand and agree that, by designating this filing agent as the agent for service, all court  
notifications and confirmations and all served documents in these actions shall be directed to the e-  
mail address of the filing agent and not to the primary or optional e-mail addresses that I have on file  
with NYSCEF.

I further understand that by signing this designation I waive all rights regarding service of  
notifications, confirmations, and documents that are conferred in Section 202.5-b of the Uniform  
Rules for Trial Courts.

This designation of this filing agent as agent for service shall continue until, as to any or all of the actions listed above, I revoke it in writing on a prescribed form delivered to the E-Filing Resource Center.

This designation form shall be filed with the E-Filing Resource Center and posted on the e-docket for each of the cases listed above.

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

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Firm/Department

\_\_\_\_\_  
Street Address

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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-Mail Address

Authorization of Agent for Service  
(Continued)

7/2/09