



NEW YORK CITY DEPARTMENT OF CORRECTION
 Joseph Ponte, Commissioner
 Dina Simon, Deputy Commissioner
 Human Resources and Labor Relations
 75-20 Astoria Boulevard, Suite 320
 East Elmhurst, New York 11370
 Voice 718-546-3276 Fax 718-278-6084

ATTORNEY/ATTORNEY ASSISTANT PASS APPLICATION

Name: _____
 Last First Middle
 Home Address: _____ City: _____ State: _____ Zip Code: _____
 Telephone #: _____ E-mail Address: _____
 Social Security Number: ____/____/____ Title/Position: _____
 Hair Color: _____ Eye Color: _____ Weight: _____ lbs. Height: _____ ft. _____ in.
 Date of Birth: ____/____/____ Driver's License # _____

EMPLOYER INFORMATION

Direct Employer: _____
 Business Address: _____
 City: _____ State: _____ Zip Code: _____ Telephone: _____
 Attorney Employer: _____
 TYPE OF PASS REQUESTING: New Applicant _____ Renewal _____
 _____ THREE YEAR _____ ONE-DAY ATTORNEY PASS: _____
 Date and State(s) of Bar Admission and/or New York State Appellate Division Department to which Admitted

 Law School Attended, Year Graduated, and Degree(s) Received
 _____ ONE-YEAR _____ FOUR-MONTH ATTORNEY ASSISTANT PASS: _____
 Professional License Number if any (e.g., investigator, social worker, psychologist), Issuing Agency, and Date Issued
 _____ ONE-DAY ATTORNEY/ATTORNEY ASSISTANT PASS: _____
 Name of Inmate (Last, First), Book & Case No., and Location

NOTE: PLEASE INFORM THE ATTORNEY/ATTORNEY ASSISTANT PASS OFFICE, HUMAN RESOURCES DIVISION AS SOON AS POSSIBLE, IF YOUR PASS HAS BEEN LOST, STOLEN, OR MISPLACED, AT 718-546-3161

Individuals with four-month or one-year attorney assistant passes: when the employment or internship with the attorney-employer ends, applicant must return the pass to the attorney-employer or the Attorney/Attorney Assistant Pass Office.

I, the undersigned, acknowledge that the information contained on my application for an attorney/attorney assistant pass is subject to verification and I hereby authorize the Department of Correction (DOC) to make inquiries of any public agency which may have information concerning my license, qualification, or background, in order to qualify me for a pass. I also authorize DOC to contact any school and/or employer for the purpose of verifying information submitted on this form.

Signature: _____ Date: ____/____/____