



NEW YORK CITY DEPARTMENT OF CORRECTION

Lynelle Maginley-Liddie, Commissioner

Ayinde Williams, Associate Commissioner

Human Resources

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East Elmhurst, New York 11370

Phone 718 • 546 • 3100

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NAME: _____

FIRST

MIDDLE

LAST

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE #: _____ EMAIL ADDRESS: _____

SOCIAL SECURITY #: _____ TITLE/POSITION: _____

HAIR COLOR: _____ EYE COLOR: _____ WEIGHT: _____ LBS. HEIGHT: _____ FT. _____ IN.

DATE OF BIRTH: _____ DRIVERS LICENSE #: _____

EMPLOYER INFORMATION

DIRECT EMPLOYER: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ CONTACT #: _____

ATTORNEY EMPLOYER: _____

ATTORNEY EMAIL ADDRESS: _____

PASS BEING REQUESTED:

NEW APPLICANT _____ RENEWAL _____

THREE YEARS _____ 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 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 718-546-3276.

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, _____