

468-a Reinstatements

Judiciary Law §468-a requires that every attorney admitted to practice in the State of New York register every two years with the Chief Administrator of the Courts, and a registration fee of \$375 is mandated, except for attorneys who certify to the Chief Administrator of the Courts that they are “*retired*” from the practice of law as defined in Part 118 of the Rules of the Chief Administrator.

Attorneys who default on this obligation are subject to the imposition of discipline by the Appellate Division. If you are suspended, you: a) must refrain and desist from the practice of law in any form in New York State; b) are forbidden to appear as an attorney before any New York State court, and c) are forbidden to give to another an opinion as to the law of New York State or its application, effective immediately and until further order of the Court.

Instructions on How to Apply for a 468-a Reinstatement in the First Department:

1. Before applying for reinstatement, you must become current with your registration obligations. Visit the Office of Court Administration (OCA) Attorney Registration Unit website, update your contact information, file all past-due registrations, and pay all outstanding registration fees (if applicable). You will be issued a receipt.
[Attorney Registration - Overview | NYCOURTS.GOV](#)
2. After you update your contact information and file all outstanding registrations, your motion for reinstatement must include the following:
 - ☐ Notice of Motion for Reinstatement – the return date must be on a Monday only – 13 days from the date of service.
 - ☐ Notarized Affidavit in Support of Motion for 468-a Reinstatement.
 - ☐ Exhibit A – Copy of the receipt from OCA showing payment of outstanding registration fees *or* certification of retirement for all past-due biennial periods.
 - ☐ Notarized Affidavit of Service on the Attorney Grievance Committee (AGC). The AGC will accept service of a PDF copy of your motion via email at AD1-AGC@nycourts.gov, Attn: 468-a Reinstatements Clerk. You must state in your email that you are submitting your filing to the Court through NYSCEF (instructions below).

Please note that the AGC is only a party in this action, has no authority to issue an order in this matter, and cannot provide status reports about your filing. For questions about your filing, please contact the Court directly.

A sample of the motion papers is attached here.

3. File your motion for 468-a reinstatement directly with the Court via the New York State Courts Electronic Filing (NYSCEF) Digital Portal.
[Filing Papers \(state.ny.us\)](http://state.ny.us)

The filing must be a single, bookmarked, and searchable PDF document.
[TechnicalRequirementsEfiling.pdf \(nycourts.gov\)](http://nycourts.gov/TechnicalRequirementsEfiling.pdf)

This guide provides step-by-step instructions for the use of the Digital Submission portal. [Microsoft Word - Memo for Digital Submissions Revised 2 \(nycourts.gov\)](http://nycourts.gov/MicrosoftWord-MemoforDigitalSubmissionsRevised2)

4. After submitting your filing through the NYSCEF Digital Portal, send via regular mail the following:

Appellate Division, First Judicial Department
27 Madison Avenue
New York, New York 10010
Attn: Motions Clerk

- ☐ Check for \$45.00 made payable to “Appellate Division, First Department”
 - ☐ Copy of your 468-a reinstatement motion package
 - ☐ Self-addressed stamped envelope
5. The Court will send you a copy of its decision via regular mail.

SUPREME COURT OF THE STATE OF NEW YORK
APPELLATE DIVISION, FIRST JUDICIAL DEPARTMENT

In the Matter of Attorneys Who Are In Violation
of Judiciary Law Section 468-a

Re: [YOUR ADMISSION NAME]_____

NOTICE OF MOTION
FOR REINSTATEMENT

Registration Number: _____

PLEASE TAKE NOTICE, that upon the annexed affidavit of [Your Admission Name], sworn to on the ____ day of _____, 20____, the undersigned will move this Court at a term thereof to be held at the Appellate Division Courthouse, located at 27 Madison Avenue, New York, New York 10010, on the ____ day of _____, 20____, at 10:00 A.M., for an Order of Reinstatement from the suspension of movant from the practice of law for violation of Judiciary Law Section 468-a, and for such other and further relief as may be just and proper.

DATED: [City, State]
[Date]

Yours,

[Name of suspended attorney]
[Address]
[Telephone number]
[Email address]

TO: Attorney Grievance Committee
Supreme Court, Appellate Division
First Judicial Department
180 Maiden Lane, FL 17
New York, New York 10038
AD1-AGC@nycourts.gov
Attn: 468-a Reinstatements Clerk

SUPREME COURT OF THE STATE OF NEW YORK
APPELLATE DIVISION, FIRST JUDICIAL DEPARTMENT

In the Matter of Attorneys Who Are In Violation
of Judiciary Law Section 468-a

Re: [YOUR ADMISSION NAME]

Registration Number: _____

AFFIDAVIT IN SUPPORT
OF MOTION FOR
REINSTATEMENT

STATE OF _____)
 ::
COUNTY OF _____)

[YOUR ADMISSION NAME], being duly sworn, deposes and says:

1. I was admitted to practice law in the State of New York on [admission date] in the [Department of Admission] Judicial Department under the name [admission name].

2. On [date of your suspension], the Supreme Court of the State of New York, Appellate Division, First Judicial Department, suspended me for delinquency in registration.

3. I first learned that I was suspended on [date]. The reason for my default in registration is [provide full explanation and documentation, if applicable].

4. I attest that during the period of my suspension, I: a) have refrained and desisted from the practice of law in any form in New York State; b) have not appeared as an attorney before any New York State court, and c) have not given to another an opinion as to the law of New York State or its application.

5. On [date], I promptly paid my registration fees in accordance with Judiciary Law Section 468-a, and I am now seeking reinstatement. A copy of the receipt from the Office of Court Administration acknowledging payment of my past due registration fees is attached as Exhibit "A."

6. I respectfully request to be reinstated to the practice of law in the State of New York.

7. All correspondence concerning this matter can be addressed to me at:

[mailing address ** required **]

[telephone number ** required **]

[email address ** required **]

[signature]
[YOUR ADMISSION NAME]

Sworn to before me this
___ day of ___, 20___

Notary Public
[Seal/Stamp]

EXHIBIT A



**NEW YORK STATE
Unified Court System**

**OFFICE OF COURT ADMINISTRATION
ATTORNEY REGISTRATION UNIT**

RECEIPT

DATE

[NAME OF ATTORNEY]

Attorney Registration #:
Batch #:
Process Date:
Receipt #:
Credit Card Ending In:
Registration Fee Transaction #:
Authorization Code:
Non-Refundable Service Fee:
Service Fee Transaction #:
Service Fee Auth. Code:
Next Registration:
Registration Status:

This will acknowledge receipt of your 2021-2022 registration as an attorney and receipt of the \$375 fee.

Name:

First:
Middle:
Last:
Suffix:

DOB: XX/XX/XXXX

SSN: XXX-XX-XXXX

AN EXPLANATION OF WHY SOCIAL SECURITY NUMBERS ARE
REQUIRED AS PART OF THIS APPLICATION MAY BE FOUND AT:
<http://ww2.nycourts.gov/attorneys/registration/index.shtml>

Admission Data:

Year Admitted
Judicial Dept. of Admission:

Law School:

Business Address:

Home Address: (Note: Is public information ONLY if no business is provided.)

Business County: New York

Home County:

Business Phone:

e-mail (optional):

Note: If provided, the e-mail address will be made public.

Our records contain information above, return only if changes to the above are required and retain a copy for your records.

Please review the above information on this receipt for accuracy. The Rules of the Chief Administrator require that this office be notified of any changes in the above information within 30 days of any such change. If changes are required you may make them online.

■ **Online** 1) Go to www.nycourts.gov and Attorney Online Services 2) Make desired changes 3) Print a corrected receipt.

- OR -

■ **By Mail** 1) Circle the item 2) Enter the correct information directly on the receipt 3) Sign and date the receipt 4) Return to the address at the bottom of the receipt.

Signature: _____

Date: _____

Child Support Oblig. §3-503: No Obligation

Part 1200 (1.15) Affirmation: Yes

CLE: Hours Completed: / Carried Over:

Pro Bono Reported: Yes

Notary Public
[Seal/Stamp]