

**APPLICATION TO REQUEST AN
EXTENSION OF TIME TO FILE A FINANCIAL
DISCLOSURE STATEMENT**

**New York State
Ethics Commission For
The Unified Court System
25 Beaver Street, Room 875
New York, New York 10004
(212) 428-2899**

**Internet: www.nycourts.gov/ip/ethics
Intranet: UCS home page: Topics A-Z
Email: ethicscomm@nycourts.gov**

1. NAME OF EMPLOYEE	JOB TITLE		
2. HOME ADDRESS: _____			
	STREET	CITY/STATE	ZIP
3. WORK ADDRESS: _____			
	STREET	CITY/STATE	ZIP
4. WORK TELEPHONE #: (_____) _____			
	Area Code		

5. NO EXTENSION OF TIME WILL BE GRANTED BEYOND SIXTY DAYS OF THE ORIGINAL DUE DATE unless: 1. the filer is currently on leave and will not return to his or her office within that sixty days. If so, the time to file may be extended for no more than four weeks from the date that the filer returns to his or her office; or 2. the filer has asked for a filing extension in response to a notice to cure. If so, the time to file may be extended for no more than four weeks from the date that the filer requests the extension; or 3. the filer has made a filing exception request. If so, the time to file may be extended for no more than four weeks from the date of the Commission decision pertaining to the request.

6. What is the new filing due date you are requesting? Date: _____

7. Describe the circumstances that support your claim that you need an extension of time to file a financial disclosure statement due to justifiable cause or undue hardship, giving specific reasons and justifications therefor.

I understand that this request does not automatically extend the time to file my financial disclosure statement.

SIGNATURE

DATE