



UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

INSTRUCTIONS AND APPLICATION FOR OBTAINING AN ATTORNEY SERVICE PASS

The SDNY Attorney Service Pass allows attorneys who are admitted to practice in the Southern District the opportunity to bring one mobile device into the courthouse. Attorneys may obtain a Service Pass in either White Plains or Manhattan, and the service pass is honored in both locations. The service pass, however, does not authorize attorneys to carry laptops into the courthouse. Attorneys must request permission from individual judges to bring a laptop into court.

- **New Pass** (if you are applying for the SDNY Attorney Service Pass for the first time)
 - First time applicants must apply in person. The following are required:
 - A current, non-expired “**Attorney Secure Pass ID**” from the New York State Unified Court System
 - Additional proof of identity, such as a government-issued **driver’s license or passport**
 - An **application**, which is below, and can also be obtained in person
 - You must also be **admitted to the Southern District of New York**
- **Renewal** (if you have or had an SDNY Attorney Service Pass)
 - Renewal may be done in person or through the mail
 - In Person
 - What is required:
 - A current, non-expired “**Attorney Secure Pass ID**” from the New York State Unified Court System
 - Your **expiring/expired SDNY Attorney Service Pass**
 - An **application**, which is below, and can also be obtained in person
 - By Mail
 - What is required:
 - A clear photocopy of your current, non-expired “**Attorney Secure Pass ID**” from the New York State Unified Court System
 - Your **non-expired SDNY Attorney Service Pass** (you must submit the physical card)
 - Self-addressed and stamped **return envelope**
 - An **application**, which is below, and can also be obtained in person (signed and dated)
 - Note: If your pass has not yet expired, you may renew by mail no more than 60 calendar days prior to expiration. **If your pass has expired, you must renew it in person.** Please submit the above items to:
U.S. District Court/SDNY
500 Pearl Street – Room 820 (Attorney Service Pass)
District Executive Office
New York, NY 10007
- **Locations and Hours of Operation**
 - **Manhattan:** Tuesdays and Thursdays, 9:00 a.m. to 12:00 p.m., Daniel Patrick Moynihan Courthouse – 500 Pearl Street, Room 820
 - **White Plains:** Fridays, 9:00 a.m. to 12:00 p.m., Charles L. Brieant Jr. Courthouse – 300 Quarropas Street, Clerk’s Office, First Floor

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Revised: 06/22/2017



Check if Renewal _____

ATTORNEY SERVICE PASS APPLICATION

First/Middle/Last Name	
Firm/Company Name	
Date of Birth	
NY State Attorney Registration #	
SDNY Bar Code #	
Home Address	
City/State/Zip Code	
Daytime Phone	
E-Mail Address	

I, _____, am submitting this application to the United States District Court of the Southern District of New York (SDNY) to obtain an Attorney Service Pass. I declare that I am a member in good standing of the bar of the SDNY and a member in good standing of the bar of the State of New York. I certify that the information provided in this application is true and correct. I further certify that I will return this Attorney Service Pass voluntarily at any time in the future if I am suspended, on inactive status, disbarred, resign, or for any other reason become ineligible to remain on the rolls of attorneys admitted to the Southern District of New York in good standing, or if its return is otherwise determined to be warranted by the court.

I have read Standing Order M 10-468 dated 02-27-14, and I understand that I am required to follow the rules contained therein. If I am found in violation of said order, my Service Pass will be revoked without recourse.

I understand that it is my affirmative duty to return this Service Pass to the United States District Court, SDNY if I am directed to do so in writing by the District Court Executive.

Attorney's Signature

Date

Print Name

****APPLICANT MUST BE ADMITTED TO PRACTICE IN THE SDNY TO RECEIVE A SERVICE PASS***

FOR COURT PERSONNEL ONLY

OCA Secure Pass Verification (check one) Yes ___ No ___

ID Verification (check one) Yes ___ No ___

SDNY Badge Number _____

Exp. Date _____

Initials _____