



New York State Attorney Registration Form

Office of Court Administration • General Post Office Box 29327 • New York, NY 10087

REGISTRATION NOTICE

BIENNIAL PERIOD	AMOUNT DUE	DUE DATE
2014-2015	\$375.00	March 2014
TOTAL FEES DUE:		\$375.00

Attorney Registration Number: 1826593

For Official Use Only



★ 1 8 2 6 5 9 3 2 0 1 4 2 0 1 5 ★

1076355664

Notice Date: 02/01/2014

Complete all of the applicable information on the front and back of this form and make a copy for your records. DETACH AND RETURN the original with your payment (or certification of retirement) to the Office of Court Administration using the enclosed pre-printed envelope.

SECTION A:

PERSONAL INFORMATION

Review your personal information and make any corrections on the right portion of this page, or check the box to indicate "NO CHANGES OR CORRECTIONS TO PERSONAL INFORMATION"

PERSONAL INFORMATION

PRINT CHANGES OR CORRECTIONS BELOW

CURRENT NAME:

CLAUDE ANTHONY SIMON

NAME WHEN ADMITTED (if different):

BUSINESS ADDRESS:

VERATEX, INC
254 5TH AVE 3RD FLOOR
NEW YORK, NY 10001-6406

534 west 42nd St
Apt 8
New York, NY 10036

BUSINESS PHONE: (212) 683-9300

E-MAIL ADDRESS (optional):

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

HOME ADDRESS (required):

Note: the home address becomes public information if no business address is listed.

71 TONJES ROAD
CALLICOON, NY 12723-5729

SOCIAL SECURITY NUMBER: XXX-XX-1158

* Social Security numbers are required in order to administer the collection of revenue from attorney registration fees. 42 U.S.C. § 405(c)(2)(C)(i).
Social Security numbers will not be made public.
The first 5 digits of your Social Security Number have been concealed to protect your confidentiality.

DATE OF BIRTH: 03/05/1956

LAW SCHOOL:

BROOKLYN

YEAR ADMITTED TO NEW YORK BAR: 1982

JUDICIAL DEPT OF ADMISSION: 2

proceed to next page ➡

☐ NO CHANGES OR CORRECTIONS TO PERSONAL INFORMATION



New York State Attorney Registration Form

Office of Court Administration • General Post Office Box 29327 • New York, NY 10087

REGISTRATION NOTICE

BIENNIAL PERIOD	AMOUNT DUE	DUE DATE
2014-2015	\$375.00	March 2014
TOTAL FEES DUE:		\$375.00

Attorney Registration Number: 1826593

For Official Use Only



★ 1 8 2 6 5 9 3 2 0 1 4 2 0 1 5 ★

1076355664

Notice Date: 02/01/2014

Complete all of the applicable information on the front and back of this form and make a copy for your records. DETACH AND RETURN the original with your payment (or certification of retirement) to the Office of Court Administration using the enclosed pre-printed envelope.

SECTION A:

PERSONAL INFORMATION

Review your personal information and make any corrections on the right portion of this page, or check the box to indicate "NO CHANGES OR CORRECTIONS TO PERSONAL INFORMATION"

PERSONAL INFORMATION

PRINT CHANGES OR CORRECTIONS BELOW

CURRENT NAME:

CLAUDE ANTHONY SIMON

NAME WHEN ADMITTED (if different):

BUSINESS ADDRESS:

VERATEX, INC
254 5TH AVE 3RD FLOOR
NEW YORK, NY 10001-6406

534 west 42nd St
Apt 8
New York, NY 10036

BUSINESS PHONE: (212) 683-9300

E-MAIL ADDRESS (optional):

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

HOME ADDRESS (required):

Note: the home address becomes public information if no business address is listed.

71 TONJES ROAD
CALLICOON, NY 12723-5729

SOCIAL SECURITY NUMBER: XXX-XX-1158

* Social Security numbers are required in order to administer the collection of revenue from attorney registration fees. 42 U.S.C. § 405(c)(2)(C)(i).
Social Security numbers will not be made public.
The first 5 digits of your Social Security Number have been concealed to protect your confidentiality.

DATE OF BIRTH: 03/05/1956

LAW SCHOOL:

BROOKLYN

YEAR ADMITTED TO NEW YORK BAR: 1982

JUDICIAL DEPT OF ADMISSION: 2

proceed to next page ➡

☐ NO CHANGES OR CORRECTIONS TO PERSONAL INFORMATION

B: REGISTRATION Pay the fee (OPTION 1) - OR - Certify as "retired" from the practice of law and exempt from paying the fee (OPTION 2)

OPTION 1: REGISTRATION FEE ENCLOSED

☐ CHECK / MONEY ORDER: Amount \$ _____ (payable to: NYS Office of Court Administration) **OR:**

☐ CREDIT CARD: ☐ AmEx ☐ MasterCard / Visa Expiration mm/yy ____ / ____ Billing Zip: _____ Amount \$ _____

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ CVV#: Amex (4 digits front) _____ or M/C-Visa (3 digits back) _____

Name on card (print): _____ Signature: _____

OPTION 2: CERTIFICATION OF RETIREMENT

☒ I certify that I am retired from the practice of law as defined in 22 NYCRR §118.1 (g) and therefore am not required to pay the fee.

Signature: Charles S. Smith Date: 4-1-14

ATTORNEY EMERITUS PROGRAM (Open to attorneys 55 years of age or older and with 10 years of experience)

☐ I wish to enroll, or continue my enrollment, as an Attorney Emeritus and volunteer to perform pro bono services in N.Y. State under the auspices of a qualified legal services provider. (See Page 5 for more details.)

Signature: _____

C: MANDATORY CONTINUING LEGAL EDUCATION (22 NYCRR §1500)

You **MUST FULLY COMPLETE ONE** of the following: If you are unable to check any of the certifications below, contact the CLE office at 212-428-2105. 22 NYCRR §1500 and additional information on the CLE program may be found at www.nycourts.gov/attorneys/cle.

☐ 1. COMPLETED CLE CREDIT REQUIREMENT: I certify that I completed _____ CLE credit hours in this CLE reporting cycle. I also have _____ CLE credit hours, if any, carried over from the last reporting cycle (maximum 6). I am in full compliance with the requirements of the New York State CLE Program (22 NYCRR §1500) and have retained documentation of my compliance.

☒ 2. EXEMPT FROM CLE CREDIT REQUIREMENT:

A. I certify that I am exempt from the CLE requirement because, throughout the CLE reporting cycle, I did not practice law in New York, I was "retired" from the practice of law, or I was a full-time member of the military on active duty; and

B. I further certify that either I have complied with the CLE requirement to which I am subject in another jurisdiction, or I am not subject to a CLE requirement in any other jurisdiction.

☐ 3. APPLIED FOR EXTENSION, WAIVER OR MODIFICATION: I certify that my application for an: (circle one) EXTENSION / WAIVER / MODIFICATION from the CLE Board is pending or has been granted. DATE OF APPLICATION: (mm/dd/yyyy) ____/____/____

D: REPORT OF VOLUNTARY PRO BONO SERVICES AND CONTRIBUTIONS – Part 1200 (Rule 6.1)

You **MUST FULLY COMPLETE SECTION 1. (a), (b), and (c) or, if eligible, SECTION 2** of the following:

Additional information on Voluntary Pro Bono Services and Contributions may be found at: www.nycourts.gov/attorneys/probono.

☐ 1. IN THE LAST BIENNIAL REPORTING PERIOD:

(a) I personally provided _____ hours of unpaid pro bono legal services to the underserved and to the poor, and

(b) I contributed the following amount to organizations that provide such legal services: (see, Rule 6.1)

Check amount: ☒ \$0 ☐ \$1-250 ☐ \$251-750 ☐ \$751-2000 ☐ \$2001-5000 ☐ \$5001 or more.

(c) I am employed in the (check one): ☐ PRIVATE/FOR-PROFIT SECTOR ☐ NOT-FOR-PROFIT SECTOR ☐ GOVERNMENT ☐ OTHER.

☒ 2. EXEMPT: I am retired from the practice of law as defined in 22 NYCRR §118.1(g) or otherwise exempt from mandatory reporting, and choose not to report pro bono contributions and services (see instructions).

E: COMPLIANCE WITH CHILD SUPPORT OBLIGATIONS (Gen. Oblig. L. §3-503) You **MUST CHECK ONE** of the following:

☒ 1. I CERTIFY THAT I AM NOT UNDER A LEGAL OBLIGATION TO PAY CHILD SUPPORT in this state or elsewhere.

☐ 2. I CERTIFY THAT I AM UNDER A LEGAL OBLIGATION TO PAY CHILD SUPPORT in this state or elsewhere and AM IN COMPLIANCE with these obligations as defined in Gen. Oblig. L. §3-503.

☐ 3. I CERTIFY THAT I AM UNDER A LEGAL OBLIGATION TO PAY CHILD SUPPORT in this state or elsewhere and AM NOT IN COMPLIANCE with these obligations (Gen. Oblig. L. §3-503).

F: AFFIRMATION OF COMPLIANCE WITH PART 1200 (Rule 1.15) For attorneys whose practice falls within the 1st or 2nd Depts.

In accordance with §603.15 (1st Dept.) or §691.12 (2nd Dept.) of the Rules of the Appellate Division, I affirm that I have read, and am in compliance with, Part 1200 (Rule 1.15) of the Joint Rules of the Appellate Divisions, governing the conduct of attorneys, which requires an attorney to preserve the identity of funds and property entrusted to him or her and to maintain certain records relative thereto.

Signature: Charles S. Smith Date: 4-1-14

G: VERIFICATION: I affirm that the statements contained herein are true to the best of my knowledge and belief.

Signature: Charles S. Smith Date: 4-1-14

Complete all of the applicable information on the front and back of this form and make a copy for your records. DETACH AND RETURN the original with your payment (or certification of retirement) to the Office of Court Administration using the enclosed pre-printed envelope.