**AFFIDAVIT OF SIGNING ASSISTANCE**

STATE OF NEW YORK )

) ss:

COUNTY OF [NEW YORK] )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being duly sworn, deposes and says:

1. Upon information and belief, [CLIENT’S NAME] is unable to read [OPTIONAL ADDITIONAL LANGUAGE, E.G., “DUE TO A VISION IMPAIRMENT”].
2. Upon information and belief, [CLIENT’S NAME] is unable to sign [HIS/HER/THEIR] signature [OPTIONAL ADDITIONAL LANGUAGE, E.G., “DUE TO A VISION IMPAIRMENT”].
3. On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_, I [LANGUAGE DETAILING HOW YOU ASSISTED THE CLIENT IN SIGNING, E.G., GUIDED THEIR HAND] in accordance with [CLIENT’S NAME]’s direction.
4. The foregoing instrument was executed by [CLIENT’S NAME] under the supervision of [SUPERVISING ATTORNEY], Esq., [LAW FIRM], an attorney-at-law.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[NAME OF PERSON ASSISTING CLIENT’S SIGNATURE]

[ADDRESS OF PERSON ASSISTING CLIENT’S SIGNATURE ]

***Delete note before printing:* [Notary block should appear on same page as signature of person signing affidavit]**

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC