

Receipt #:_____

APPLICATION FOR ATTORNEY ADMISSION

First Name:	Middle Name (or initial):				
Last Name:	SS #:				
Email Addre	ss:				
Firm Name (if applicable):				
Address:					
	City:	State:	Zip Code:		
	Phone:	Fax:			
	and am now in good standing before				
	ponsor is				
			(Attorney Signature)		
Place of Adm Date of Adm Judge: WK	ission:				

(Proceed to Attached Addendum)



ADDENDUM TO APPLICATION FOR ADMISSION

Name:	:			
	(First)		(Middle)	(Last)
(1)		villing to be contacted to a Yes No type of cases preferred: Prisoner - Conditions of Prisoner - Habeas Corpu Employment Discrimina Social Security Other (please specify): _	Confinement is	nt plaintiffs in civil cases:
(2)		villing to represent indiger Yes No	-	
(3)	I woul	d like to be considered fo	r admission to the	he Court's standing Criminal Justice Act

(CJA) Panel. (Note: separate requirements as per CJA Plan)

Yes No

(Rev. 04/2021)