

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:		
My S	ponsor is				
				(Attorney Signature)	
Date of Admi Judge: CR Receipt #:	wks JGM	ONLY Brattleboro Rutland JMC Rule Book:			
L.R. 83.1 Co	mpliance:		(Proce	ed to Attached Addendu	n)



ADDENDUM TO APPLICATION FOR ADMISSION

Name:						
	(First)	(Middle)	(Last)			
(1)	I am willing to be contacted to represent indigent plaintiffs in civil cases:					
	Yes					
	No					
	Prisoner - Habeas Corpus					
	Employment Discrimination					
	Social Security					
	Other (please specify): _					
(2)	I am willing to represent indigent parties in bankruptcy-related matters:					
	Yes					
	No					
(3)	I would like to be considered for admission to the Court's standing Criminal Justice Act					
	(CJA) Panel. (Note: separate requirements as per CJA Plan)					
	Yes					
	No					

(Rev. 01/2014)