

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND**

ATTORNEY ADMISSION APPLICATION

Unless otherwise noted, all questions and fields must be completed or your application will be rejected.

NAME

FIRM/AGENCY NAME

ADDRESS

CITY, STATE ZIP

PHONE NO.

FAX NO.

E-MAIL ADDRESS

A. BACKGROUND QUESTIONNAIRE

<p>If you answer yes to any of these questions, you must submit a statement under the penalty of perjury stating the relevant facts, court, charge, date, whether the occurrence was disclosed to the highest court of the state(s) in which you are admitted, disposition, whether the occurrence was an isolated incident, and any other facts you deem relevant. The Court may confirm the accuracy of any submitted information by conferring with the appropriate court or bar authority, if applicable.</p>
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1. Are there any disciplinary proceedings pending against you?

YES NO

2a. Have you been denied admission to practice, disbarred, suspended from practice, or disciplined by any court or bar authority, other than administrative suspensions for non-payment of bar dues?

YES (answer 2.b) NO (skip to 3)

2b. If you have been suspended or disbarred from the practice of law by any court or bar authority, have you been reinstated?

YES NO N/A

3. Have you ever resigned from the practice of law in any court in order to avoid disciplinary action or while the subject of any pending investigation, action, or proceeding involving allegations of misconduct or the commission of a crime?

YES NO

4. Excluding traffic violations punishable by fine only, have you ever been convicted of, or entered a plea of no contest to, any crime or are any criminal charges pending against you?

YES NO

5. Have you ever been held in contempt of court?

YES NO

continued on the next page

B. PRO BONO QUESTIONNAIRE

As a member of the bar of this Court you are expected to handle cases on a pro bono basis when called upon to do so by the Court. Please answer the following questions so that your skills and preferences may be taken into account when you are appointed to a case.

1a. Are you employed by a government agency? Yes (answer 1b & 1c) No (skip to 2)

1b. What is the name of your agency? _____

1c. Does your agency preclude you from accepting a pro bono appointment in a civil case?

Yes (skip to Part C) No (go on to 2)

2. In what types of civil cases do you prefer to be appointed?

Prisoner Civil Rights Civil Litigation Employment Discrimination Bankruptcy
 ERISA Social Security

C. APPLICANT’S CERTIFICATION

1. I have been admitted to practice law in the following state (including the District of Columbia) and federal courts:

STATE OR FEDERAL COURT	DATE OF ADMISSION	STATE OR FEDERAL COURT	DATE OF ADMISSION

2. Unless otherwise indicated in Section A, I am an active member in good standing of the bars of each of the above listed jurisdictions.

3. I am familiar with the Maryland Attorneys’ Rules of Professional Conduct, the Federal Rules of Civil Procedure, the Federal Rules of Evidence, the Federal Rules of Appellate Procedure, the Local Rules of the United States District Court for the District of Maryland, and (to the extent relevant to my area(s) of practice) the Federal Rules of Criminal Procedure, the Federal Rules of Bankruptcy Procedure, and the Local Bankruptcy Rules.

4. Except when employed by a government agency that precludes accepting a pro bono appointment, I am willing to accept court appointments to represent indigent parties in civil cases in this district.

5. My principal law office is located in (city, state) _____ and located in the United States District Court for the _____.

6. I have reviewed the local rules of each U.S. District Court of which I am a member and I have determined that membership in the bars of those districts does not disqualify me from membership in the bar of this Court pursuant to the reciprocity provision of Local Rule 701.1.c.

7. I understand that it is my responsibility to promptly update my contact information in CM/ECF or to notify Attorney Admissions of any change in my name or address. **I further understand that my failure to promptly update my contact information may affect my ability to practice in this Court. See Local Rule 701.3.**

8. I understand that I will be required to renew my membership in the bar of this Court periodically.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Signature: _____ Date: _____

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FOR THE DISTRICT OF MARYLAND**

SPONSOR’S MOTION FOR ADMISSION

1. I, _____, was admitted to the bar of this court on (refer to <http://www.mdd.uscourts.gov>. Click on Attorney Admissions tab; bullet labeled Bar Membership Information) _____ and I am presently a member in good standing of this bar. My bar number is (refer to <http://www.mdd.uscourts.gov>. Click on Attorney Admissions tab; bullet labeled Bar Membership Information) _____. I am moving the admission of _____.

2. I believe the applicant is a member in good standing of the bar of a state or the District of Columbia and is otherwise qualified for admission to the bar of this court. I am willing to assist the applicant in learning the standards, practices and procedures of the court.

3. **TO BE COMPLETED IF YOU HAVE KNOWN THE APPLICANT AT LEAST ONE YEAR**

I have known the applicant for at least one year. My relationship with the applicant has been as follows:

4. **TO BE COMPLETED IF YOU HAVE KNOWN THE APPLICANT LESS THAN ONE YEAR**

Attached is a resume of the applicant along with the names and contact information of two references who are attorneys that can attest to the applicant’s knowledge, skills, and abilities as an attorney. I have known the applicant since _____, and the two references have confirmed to me that the applicant has sufficient knowledge, skills, and abilities as an attorney. In addition to the references,

I believe that the applicant is qualified to be a member of the bar of this court because (you may provide a supplemental sheet if needed)

I certify under the penalties of perjury that the foregoing statements are true and correct.

Date

Signature

Printed Name

Firm Name

Address

City, State, Zip Code

Main Firm Telephone Number

Fax Number

WAIVER

(Required only if paragraph 4 is completed.)

Granted

Denied

Date

States District/Magistrate Judge United