

UNITED STATES DISTRICT COURT
DISTRICT OF KANSAS

ANNUAL REGISTRATION
JULY 1, 2003 THROUGH JUNE 30, 2004

DUE DATE: July 1, 2003

**ATTORNEY
ADDRESS
INFORMATION**

Please check here if your address has changed since the previous registration period _____

Please print or type

KS Bar#: _____

Last: _____ First: _____ M.I.: _____ Generation (ie. Jr., III)

Firm Name: _____

Street Address: _____ Suite Number: _____

City/State _____ Zip Code: _____

Office Phone (Main Number): _____ Private Extension _____ Fax _____

Email address: _____

Pursuant to the Rules of this Court, I hereby register as a member of the Bar of the United States District Court for the District of Kansas for the 12-month period beginning July 1, 2003.

I certify that:

1. I am now a member in good standing of the Bar of this Court.
2. I am now a member in good standing of the Bar(s) of:
Kansas _____ Western District of Missouri _____
3. To my knowledge there are NO disciplinary or suspension proceedings pending against me in any Court of the United States or of any State, Territory or Possession of the United States.
NOTE: If proceedings ARE pending at this time, please explain on the reverse side of this form.
4. During the 12-month period preceding the date of this application I have earned the required credit hours of continuing legal education and am in compliance with the rules of:
Kansas _____ Western District of Missouri _____
5. I have taken the oath or affirmation prescribed by the Rules of this Court and acknowledge that I remain bound thereby.
6. I have read and am familiar with the Rules of Practice of this Court.
7. I realize that on occasion the Court is required to appoint counsel for indigent parties in both civil and criminal litigation and I agree to provide pro bono services in any cases to which I am appointed.
8. Type of Practice: (circle all that apply) Civil Criminal Bankruptcy All

Signature

Date

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ACTIVE STATUS

An **ANNUAL FEE** of **\$20.00** is required of all attorneys to practice law before this Court. To assure proper registration please **mail this form with payment** to:

**Clerk, US District Court
P.O. Box 2219
Topeka, KS 66601-2219**

Make checks payable to: **Clerk, U.S. District Court**

Please e-mail questions to: **ksd_attorney_registration@ksd.uscourts.gov**

INACTIVE STATUS

Complete this section **ONLY** if you are requesting to be placed on **"INACTIVE" STATUS**.

_____ I wish to be placed on "inactive" status at this time. I understand I may **not** practice in this Court while on "inactive" status. In addition, I do not have to pay an annual fee while on "inactive" status.

Signature

Date
