

UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS  
(www.mad.uscourts.gov)

**APPLICATION FOR ADMISSION**

*Please type or print legibly*

NAME: \_\_\_\_\_  
(Last) (Generation) (First) (Middle Initial)

DATE OF BIRTH: \_\_\_\_\_ SSN#: \_\_\_\_\_

Law Firm: \_\_\_\_\_

Building/Suite: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

DATE ADMITTED TO THE MASSACHUSETTS STATE BAR: \_\_\_\_\_ BBO# \_\_\_\_\_

I hereby certify that (1) I am currently in good standing as an attorney admitted to practice before the Supreme Judicial Court of Massachusetts, (2) I am familiar with the Local Rules of this District, and (3) the information contained in this application is true and correct.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Check 1): I wish to be sworn in at: Boston ( ) Springfield ( ) Worcester ( )

**MAIL OR HAND DELIVER COMPLETED APPLICATION AND CERTIFICATE OF GOOD STANDING FROM THE MASSACHUSETTS SUPREME COURT TO:**

Clerk, United States District Court  
Attn: Judith Litwin  
John Joseph Moakley United States Courthouse  
1 Courthouse Way  
Suite 2300  
Boston, MA 02210

Clerk's Office Use Only

Date received:	Admission date:	Record updated: