

Attorney Re-registration Form

<i>LAST</i>	<i>MIDDLE</i>	<i>FIRST</i>
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Name in full : _____

If admitted to the Minnesota Supreme Court or U. S. District Court under a different name, please indicate :

<i>LAST</i>	<i>MIDDLE</i>	<i>FIRST</i>
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Name in full : _____

Date admitted to the District of Minnesota: _____

Mailing address:	
Law Firm:	
Bldg./Suite:	
Street address:	
City, State, Zip:	
Telephone:	()
Fax:	()

Minnesota Supreme Court License Number: _____

Original Signature : _____

Date: _____

Return form to: Clerk, U.S. District Court
 Attn: Attorney Re-registration
 300 S. 4th Street
 Suite 202
 Mpls., MN 55415

**** Remember to include your \$25.00 check or money order payable to: Clerk, U.S. District Court**

*Mailed forms only.
 Thank you!*

Do you wish to receive Court news, press releases, non-case related correspondence, etc. via e-mail?	
YES <input style="width: 50px; height: 20px;" type="checkbox"/>	NO <input style="width: 50px; height: 20px;" type="checkbox"/>
If yes, please provide your e-mail address: _____	

 Clerk's Office use only

Date received :	\$25.00 fee received:	Data updated & fee entered:	I.D. card sent :	Form rtn'd :