

UNITED STATES DISTRICT COURT  
DISTRICT OF SOUTH CAROLINA



**APPLICATION FOR ADMISSION TO PRACTICE**

*Please print or type*

NAME: \_\_\_\_\_  
(TO APPEAR ON CERTIFICATE OF ADMISSION TO PRACTICE)

NAME: \_\_\_\_\_  
(MAILING LIST)

BUSINESS ADDRESS (INCLUDE FIRM NAME): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OFFICE TELEPHONE: (\_\_\_\_) \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DATE ADMITTED TO SC BAR: \_\_\_\_\_ SC BAR No. \_\_\_\_\_

Have you ever been censured, suspended, disbarred, or otherwise disciplined by any court, department, bureau, or commission of any state or of the United States?  Yes\*  No

Have you ever been, or are you now, the subject of an investigation of your professional conduct?  Yes\*  No

Have you ever been transferred to inactive status, voluntarily withdrawn, or resigned from the bar of any court?  Yes\*  No

Have you ever been denied admission to the bar of any court (not including a denial resulting from the failure to pass a bar examination)?  Yes\*  No

Have you ever been held in contempt of court?  Yes\*  No

\* If the answer to ANY of the questions above is "yes," please describe in detail by separate attachment.

## CERTIFICATION OF APPLICANT

***I certify that:***

1. All of the information herein is complete and true to my own knowledge.
2. I am a member in good standing of the South Carolina Bar.
3. I have studied the Federal Rules of Civil and Criminal Procedure, the Federal Rules of Evidence, the South Carolina Code of Professional Responsibility (Rule 407 of the South Carolina Appellate Court Rules), and the Local Rules of this Court.
4. I have completed the required trial experiences listed in Rule 403(b) of the South Carolina Appellate Court Rules or I have attached the required form listing my equivalent courtroom experience by judicial clerkship.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(The filing fee for your application is \$100)*

### OATH OF ADMISSION

I, \_\_\_\_\_, do solemnly swear (or affirm) that as an attorney and as a counselor of the Court, I will conduct myself uprightly and according to law and that I will support the Constitution of the United States. So help me God.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public for South Carolina  
My commission expires: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

## CERTIFICATION OF SPONSORS

We, \_\_\_\_\_, U.S. District Court Attorney ID No. \_\_\_\_\_,  
and \_\_\_\_\_, U.S. District Court Attorney ID No. \_\_\_\_\_,  
being members in good standing of the Bar of the U.S. District Court for the District of South Carolina, hereby certify  
that to the best of our knowledge, information, and belief the applicant is of good moral character and professional  
reputation and meets the requirements for admission to this Court.

Signature of Sponsor: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Sponsor: \_\_\_\_\_

Date: \_\_\_\_\_

*Please return this form to:*

Attorney Admissions  
United States District Court  
1845 Assembly Street  
Columbia, SC 29201