

Receipt No.: _____

Initials: _____

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS**

In Re:

	§	Case No.:
	§	
Plaintiff(s)	§	
	§	
v.	§	Adversary No.:
	§	
Defendant(s)	§	
	§	

APPLICATION FOR ADMISSION *PRO HAC VICE*

1. Name: _____
Last First MI
2. Firm Name: _____
3. Address: _____

4. Phone: _____ FAX: _____
5. Name used to sign *all* pleadings: _____
6. Retained by: _____
7. Admitted on _____ and presently a member in good standing of the bar of the highest court of the state of _____ and issued the bar license number of _____ .
8. Admitted to practice before the following courts:

<i>Court:</i>	<i>Admission Date:</i>
_____	_____
_____	_____
_____	_____

Continued.

9. Are you presently a member in good standing of the bars of the courts listed above?
Yes No

If "No," please list all courts which you are no longer admitted to practice:

10. Have you ever been subject to a grievance proceeding or involuntary removal proceeding while a member of the bar of any state or federal court?
Yes No

If "Yes," please provide details:

11. Other than minor traffic offenses, have you ever been charged, arrested, or convicted of a criminal offense or offenses?
Yes No

If "Yes," please provide details:

12. Please list all cases in the United States Bankruptcy Court, Northern District of Texas in which you have filed *forpro hac vice* in the past three years:

<i>Date of Application</i>	<i>Case No. and Style</i>
_____	_____
_____	_____
_____	_____

13. Local counsel of record: _____

14. Local counsel's address: _____

I respectfully request to be admitted to practice in the United States Bankruptcy Court for the Northern District of Texas for this cause only.

I certify that I have read *Dondi Properties Corp. v. Commerce Savs. & Loan Ass'n*, 121 F.R.D. 284 (N.D. Tex. 1988) (en banc), and the local civil and bankruptcy rules of this court and will comply with the standards of practice adopted in *Dondi* and with the local civil and bankruptcy rules.

I also hereby certify that I have served a true and correct copy of this document upon each attorney of record and the original upon the Clerk of the District Court accompanied by a \$25.00 filing fee on _____ .

Printed Name of Applicant

Date

Signature of Applicant