

UNITED STATES COURT OF APPEALS  
FOR THE FOURTH CIRCUIT

ATTORNEY REGISTRATION

TO BE COMPLETED ONLY IF YOU WERE  
PREVIOUSLY ADMITTED TO THE FOURTH CIRCUIT BAR

NAME (present practicing name)

Last \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_

Generation (Jr.,Sr.,II,etc.) \_\_\_\_\_ Title (if applicable) \_\_\_\_\_

Prefix (Mr.,Ms.,Professor,etc.) \_\_\_\_\_

FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

APPROXIMATE DATE ADMITTED TO U.S. COURT OF APPEALS FOR THE FOURTH CIRCUIT

\_\_\_\_\_

STATE OF RESIDENCE \_\_\_\_\_

IF ADMITTED UNDER A DIFFERENT NAME, PROVIDE NAME UNDER WHICH YOU WERE  
ADMITTED \_\_\_\_\_

Do you want to be considered for court appointments?      Yes [ ]      No [ ]

If yes, specify case types below:

- 1. Prisoner civil rights cases [ ]    4. Habeas corpus cases [ ]
- 2. Capital punishment cases [ ]    5. Indigent civil cases [ ]
- 3. Federal criminal appeals [ ]    6. All case types [ ]

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(Date)

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(Signature)