

United States Court of Appeals for the Armed Forces

450 E Street, Northwest
Washington, D.C. 20442-0001

APPLICATION FOR ADMISSION TO PRACTICE

1. Full Name _____

2. Male ____ Female ____ 3. Date of Birth _____ 4. Mil.rank/Service _____
(Mo./Day/Yr.) (if applicable)

5. Residence address (including zip code) _____

Tel. No. (____) _____

6. Office address (including zip code) _____

Tel. No. (____) _____

7. E-mail address (if applicable) _____

8. Certificate mailing address (check one): Residence ____ Office ____

9. Federal or highest State court in which applicant has been admitted to practice:

10. Place where applicant is presently engaged in the practice of law: _____

11. Other names by which applicant may be or has been known other than those appearing on this application. (Give information in detail) _____

12. (a) Has applicant ever been disbarred or suspended from practice before any court, department, bureau, or commission of any State or the United States or received any reprimand from any such court, department, bureau, or commission pertaining to his or her conduct or fitness as a member of the bar?

(b) If so, explain in detail and attach a separate statement, if necessary.

CERTIFICATION

I certify that I have read the foregoing information and that the same is complete and true to my own knowledge.

(Date)

(Signature of applicant)

NOTE: Applicant must submit with this completed form a check for \$35 payable to The Clerk, U.S. Court of Appeals for the Armed Forces, together with an ORIGINAL SIGNED certificate from the presiding judge, clerk or other appropriate officer of the court listed in #9 above, or from any other appropriate official from the Bar of such court, that the applicant is currently a member of the Bar in good standing. This certificate must be dated within one year of the date of this application.