

NONRESIDENT ATTORNEY PRO HAC VICE APPLICATION

Name: Residence Address					
Office Address:					
Telephone:		Fax:			
Docket Number:					
Court, Board, or Ac Party on whose beh	Iministrative Agency alf Applicant seeks	y:			
Courts to Which Applicant Has Beer			Date of Ad		Bar Number:
Applicant is a mem	ber in good standing	g in such courts.			
Applicant is not cur	rently disbarred or s	suspended in any	court.		
investigation by any Jurisdiction(s) Whe	y court, agency or or ere Na	ganization authorature of Matter	prized to discipl	ine attorney Name /	Address of
Discipline Matter P		nder Investigatio	<u> </u>		inary Authority:
			n disciplined by	any court,	agency or organization
	ree (3) years, applica Court in the following		ications to appe	ar as couns	el under Rule 33, Arizona
Title of Matter:	Docket #:	Court or A	gency:	Applica	ation Granted? (Y/N)

Name of local couns	el:		
	Number:		
Address:			
Telephone :	Fax:		
Name(s) of each par	ty in this cause and name and address	of all counsel of record:	
Party:	Counsel of Record:	Address:	
		<u> </u>	

Applicant is including with this application a nonrefundable application fee, payable to the State Bar of Arizona, in the amount of \$330.00.

This case or cause ______is / _____is not (select one) a related or consolidated matter for which applicant has previously applied to appear pro hac vice in Arizona. If this matter is a related or consolidated with any previous application, applicant certifies the following:

Applicant certifies the following:

- 1. Applicant shall be subject to the jurisdiction of the courts and agencies of the State of Arizona and to the State Bar of Arizona with respect to the law of this state governing the conduct of attorneys to the same extent as an active member of the State Bar of Arizona, as provided in Rule 46(b) Rules of the Supreme Court.
- 2. Applicant will review and comply with appropriate rules of procedure as required in the underlying cause.
- 3. Applicant understands and shall comply with the standards of conduct required of members of the State Bar of Arizona.

Verification

STATE OF _____) County of _____) ss.

I, the Applicant, swear that all statements in the Application are true, correct and complete to the best of my knowledge and belief.

Dated:_____

Applicant's signature

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20__, by

Name of Applicant

Notary Public

NOTE – As the application requires original signatures of the applicant and notary, this application cannot be filed electronically. Please submit all documents and fees by mail to:

State Bar of Arizona Pro Hac Vice 111 West Monroe, Suite 1800 Phoenix, AZ 85003

For further information, please contact our Membership Records Department at (602) 340-7239