

# Application for Admission Pro Hac Vice

# **Applicant Information**

Applicant Name
Firm
Mailing Address
City/State/Zip
Phone
E-mail

### Jurisdictions

Please list all states in which you are licensed to practice law as well as your attorney number for each. **DO NOT** include federal courts or previous Pro Hac Vice admissions. <u>Please attach certificate(s) of good standing</u> from the states in which you are licensed to practice (even if inactive) dated no more than 30 days prior to the date of the application.

Jurisdiction	Attorney Number
Jurisdiction	Attorney Number

#### **Case Information**

Please provide the following information for the case in which the applicant wishes to appear:

Caption
Court and County
Case Number
Party Applicant Represents

# **Discipline History**

Have you been disciplined in any other jurisdiction within the prior seven years?

- No
- □ Yes (Please attach a copy of all orders of discipline.)

## Certification

By checking the boxes below, the applicant certifies the following: (all boxes must be checked)

- □ I will submit to the disciplinary authority and procedures of the Wyoming State Bar.
- □ I am familiar with the Wyoming rules of procedure and evidence, including applicable local rules.
- □ I will be available for depositions, hearing and conferences.
- □ I will comply with the rulings and order of the court.

# Local Counsel

Pursuant to Rule 8 of the Rules Governing the Wyoming State Bar and the Authorized Practice of Law, the applicant must associate with local counsel. Please name an active member of the Wyoming State Bar who has agreed to serve as local counsel in the matter referenced on the previous page.

Attorney Name	Attorney Number
Firm	
FIIIII	
Mailing Address	
City/State/Zip	

# **Certificate of Compliance**

Upon approval, the Wyoming State Bar will issue a Certificate of Compliance with Rule 8. The original certificate will be sent to local counsel and a copy of the certificate will be sent to the applicant.

I have read the foregoing application and the information contained herein is true and correct.

STATE OF )				
) ss. COUNTY OF )				
	Signature of Ap	plicant		-
Signed and sworn to before me this	day of		20	
	Notary Public			
My commission expires	(affix s	seal)		
Payment Information - \$500				
Payment Enclosed (Check or money order made payable to the Wyoming State	State Bar)	Charge my credit card		
	inter buily	credit card number		
		billing address		
		city/state/zip		
		security code		expiration date