



<p style="text-align: center;"><u>For Official Use Only</u></p> <p>App# _____</p> <p>Pro Hac ID # _____</p>
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**NONRESIDENT ATTORNEY  
PRO HAC VICE APPLICATION**

Name:  
Residence Address:

Office Address:

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Title of cause or case where applicant seeks to appear:

Docket Number:

Court, Board, or Administrative Agency:

Party on whose behalf applicant seeks to appear:

Courts to Which Applicant Has Been Admitted:	Date of Admission:	Bar Number:
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

Applicant is a member in good standing in such courts.

Applicant is not currently disbarred or suspended in any court.

Applicant  is /  is not (**select one**) currently subject to any pending disciplinary proceeding or investigation by any court, agency or organization authorized to discipline attorneys at law.

Jurisdiction(s) Where Discipline Matter Pending:	Nature of Matter Under Investigation:	Name / Address of Disciplinary Authority:
_____	_____	
_____	_____	
_____	_____	

Applicant  has /  has not (**select one**) been disciplined by any court, agency or organization authorized to discipline attorneys at law.

In the preceding three (3) years, applicant has filed applications to appear as counsel under Rule 33, Arizona Rules of Supreme Court in the following:

Title of Matter:	Docket #:	Court or Agency:	Application Granted? (Y/N)
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Name of local counsel:  
State Bar of Arizona Number:  
Address:

Telephone : \_\_\_\_\_

Fax:

Name(s) of each party in this cause and name and address of all counsel of record:

Party:	Counsel of Record:	Address:
_____	_____	
_____	_____	
_____	_____	
_____	_____	

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