



Attn: Pro Hac Vice Dept  
 P.O. Box 842699  
 Los Angeles, CA 90084-2699  
 Phone: 602-340-7239

For Official Use Only  
 App# \_\_\_\_\_  
 Bar Number# \_\_\_\_\_

Overnight or Hand Delivery:  
 4201 N. 24th St., Ste 100  
 Phoenix, AZ 85016-6266

**Application for Appearance Pro Hac Vice**

**PART I: Applicant Information**

Name of Applicant: \_\_\_\_\_

Firm/Company Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

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: \_\_\_\_\_

**Pursuant to Arizona Supreme Court Rule 39(a)(2), the applicant shall complete the information below:**

Courts to Which Applicant Has Been Admitted: <small>(Attach additional pages if necessary)</small>	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. **If yes, specify the jurisdiction, nature of investigation and contact information of the disciplinary authority investigating on an additional page.**

In the preceding three (3) years, applicant has filed applications to appear as counsel under Ariz. R. Sup. Ct., Rule 39(a) in the following:

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

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 that he/she will review and comply with appropriate rules of procedure as required in the underlying cause.

If applicable, please provide related or consolidated matter application or docket# \_\_\_\_\_

**PART II: Local Counsel Information**

Name of Arizona Local Counsel: \_\_\_\_\_

State Bar of Arizona Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Local Counsel is a member in good standing.

Local Counsel associating with a nonresident attorney in a particular cause shall accept joint responsibility with the nonresident attorney to the client, to opposing parties and counsel, and to court, board, or administrative agency in that particular cause.

**PART III: Parties and Certification**

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 \$505.00. Fifteen percent of the non-refundable application fee paid pursuant to this section shall be deposited into a civil legal services fund to be distributed by the Arizona Foundation for Legal Services and Education entirely to approved legal services organizations, as that term is defined in subparagraph (2)(c) of this rule.

Applicant is furnishing a certificate from the state bar or from the clerk of the highest admitting court of each state, territory, or insular possession of the United States in which the nonresident attorney has been admitted to practice law certifying the nonresident attorney's date of admission to such jurisdiction and the current status of the nonresident attorney's membership or eligibility to practice therein. The certificate furnished shall be no more than forty-five (45) days old.

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 Ariz. R. Sup. Ct. Rule 46(b).
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, \_\_\_\_\_, 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