

APPLICATION



OUT OF STATE ATTORNEY REGISTRATION

_____, Applicant, respectfully represents:
First Name Middle Name Last Name

1. Applicant is an attorney at law and a member of the law firm of _____

with its principal offices located at _____

Mailing Address

_____, _____, _____, _____,
City County State Zip Code
() () ()
Telephone (Firm) Telephone (Applicant's Direct Dial) Fax (Applicant)

_____. If Applicant's office address is different from above,
E-mail Address (Applicant)

please provide the following: _____

Mailing Address

_____, _____, _____, _____,
City County State Zip Code

2. Applicant is admitted to practice and is a member in good standing
(certificates of good standing attached) of the bar(s) of the highest state court(s)
of the following state(s):

State

Date of Admission

3. Applicant is admitted to practice before the following United States District Courts, United States Circuit Courts of Appeal, the Supreme Court of the United States, and/or other tribunals on the dates indicated for each, and is presently a member in good standing of the bars of said courts:

Tribunal

Date of Admission

4. Have you ever been suspended or disbarred in any court except as hereinafter provided (Give particulars; e.g. court, jurisdiction, date): _____

5. Are you currently subject to any pending disciplinary proceedings by any organization with authority to discipline attorneys at law except as hereinafter provided (Give particulars; e.g. court, discipline authority, date, status): _____

6. Have you ever received public discipline including, but not limited to, suspension or disbarment, by any organization with authority to discipline attorneys at law except as hereinafter provided (Give particulars; e.g. court, discipline authority, type of discipline, date, status): _____

7. Have you ever had any certificate or privilege to appear and practice before any regulatory or administrative body suspended or revoked except as hereinafter provided (Give particulars; e.g. administrative body, date, status of suspension or reinstatement): _____

8. Applicant seeks admission to practice in the State of Oklahoma in the following matter (give particulars; e.g. caption of case, court or agency, type of matter, party to be represented): **Note - A separate application is to be submitted for each matter in which the applicant seeks admission!**

9. The Oklahoma Bar Association member who is counsel of record for Applicant in this matter is:

First Name	Middle Name	Last Name	O.B.A. Number
<hr/>			
Mailing Address		City	State
<hr/>		<hr/>	Zip Code
<hr/>		<hr/>	<hr/>
()	()	E-mail Address	
Telephone Number	Fax Number	<hr/>	

10. The following accurately represents the names of each party in this matter and the names and addresses of each counsel of record who appear for that party:

<u>Party Name</u>	<u>Counsel Name</u>	<u>Address of Counsel</u>
<hr/>	<hr/>	<hr/>
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11. Applicant certifies that he/she shall be subject to the jurisdiction of the courts and disciplinary boards of this state with respect to the laws of this state governing the conduct of attorneys to the same extent as a member of the Oklahoma Bar Association.

12. Applicant understands and shall comply with the standards of professional conduct required of members of the Oklahoma Bar Association.

13. Applicant has disclosed in writing to the client that the Applicant is not admitted to practice in this jurisdiction and the client has consented to such representation.

I, _____, do hereby swear/affirm under penalty of perjury that the assertions of this application are true:

I am the Applicant in the above referenced matter; I have read the foregoing and know the contents thereof; the same is true of my own knowledge except as to those matters therein stated on information and belief, and as to those matters I believe them to be true.

I further certify that I am subject to the jurisdiction of the Courts and disciplinary boards of this state with respect to the law of this state governing the conduct of attorneys to the same extent as a member of the Oklahoma Bar Association; I understand and shall comply with the standards of professional conduct required by members of the Oklahoma Bar Association; and that I am subject to the disciplinary jurisdiction of the Oklahoma Bar Association with respect to any of my actions occurring in the course of such appearance.

DATED this _____ day of _____, _____.

Applicant

Mail with check or money order (payable to the OBA) to:

Out-of-State Attorney Registration
Oklahoma Bar Association
P.O. Box 53036
Oklahoma City, OK 73152-3036