UNITED STATES DISTRICT COURT WESTERN DISTRICT OF WASHINGTON OFFICE OF THE CLERK

BRUCE RIFKIN CLERK OF COURT UNITED STATES COURTHOUSE 700 STEWART STREET, LOBBY LEVEL SEATTLE, WASHINGTON 98101

PETITION FOR CONDITIONAL ADMISSION TO PRACTICE

INSTRUCTIONS

Complete and return the Petition for Conditional Admission to Practice.

- Form is fillable using Adobe Acrobat Reader.
- Form must be notarized.
- Verification required by Western District of Washington Assistant U.S. Attorney

Complete the registration form for the court's Electronic Case Management (ECF) system.

• Required for electronic filing privileges.

Submit documents to the Clerk of Court.

Clerk, United States District Court
Western District of Washington
United States Courthouse, Lobby Level
Attn: Attorney Admissions
700 Stewart Street
Seattle, WA 98101

For questions, or to check the status of your petition, contact the attorney admission clerk.

Dana Scarp

Phone: 206-370-8862

E-mail: dana scarp@wawd.uscourts.gov

CONDITIONAL ADMISSION

UNITED STATES DISTRICT COURT WESTERN DISTRICT OF WASHINGTON

COMES NOW	, a member in good
standing of the bar of (include bar number and state)	
and respectfully petitions the Court, pursuant to Local General R	ule (GR) 2(c)(2), for conditional
admission to practice before the Bar of this Court as an employee	e of the United States
representing one of its agencies. In support of said petition, Petiti	ioner states as follows:
1. Petitioner's residence address is:	
Petitioner's home telephone is:	
Petitioner is currently employed by the United States as an Attor	
Agency address:	
Agency telephone # (include extension):	
Agency e-mail address:	
2. Petitioner's general and legal education are as follows:	

	3. From the time of Petitioner's admission to the	bar of	_ (as		
indica	ated above) on (date), Petition	ner has been engaged in the practice	of		
law at	ıt:				
	4. Petitioner seeks conditional admission, pursua	ant to Local Rule GR 2(c)(2),			
as an	attorney for the United States representing one of i	ts agencies. The circumstances			
neces	necessitating Petitioner's conditional admission to the Bar of this Court are as follows:				
	5. Verification that Petitioner is an attorney for the	he United States by an Assistant Uni	ited		
States	s Attorney for this District is attached.				
	6. Petitioner certifies that he/she has read and is	familiar with the Federal Rules			
of Civ	vil and Criminal Procedure and the Local Rules of	this Court.			

WHEREFORE, Petitioner herein respectfully petitions that he/she be conditionally admitted to practice before the Bar of the United States District Court for the Western District of Washington.

OATH

I solemnly swear that I will support and defend the Constitution and the laws of the United States of America against all enemies, foreign and domestic; that I will and faithfully discharge my duties as a lawyer, counselor, and proctor of this Court; and that I will maintain the respect due to the courts of justice and judicial officers and I will demean myself uprightly and accordingly to law and recognized standards of ethics of the legal profession, SO HELP ME GOD.

STATE OF)
) ss
COUNTY OF)
	, Petitioner herein, being first duly sworn,
on oath deposes and says: That h	le/she has read the foregoing petition and that the facts stated
therein are true of Petitioner's ov	vn knowledge.
	Petitioner's Signature
SUBSCRIBED and SWC	ORN to before me this day of,
	Notary Public in and for the State of,
(Notary Seal)	residing at
	My appointment expires

VERIFICATION OF ASSISTANT UNITED STATES ATTORNEY

I,		, hereby verify that I am an	
Assistant United States Attorn	ney for the Western District of V	Washington.	
I verify that		is an .	Attorney for the
United States.			
DATED at	, Washington this	day of	, 2
		Signature	
		Print or Type Name of United States Att	



ATTORNEY REGISTRATION FORM for the ELECTRONIC CASE FILING SYSTEM

Please complete this form to register for electronic filing privileges in the Western District of Washington's Electronic Case Filing system (ECF).

	Name (first, last, middle)			
	Agency Name			
	Agency Address (include city, state and zip code)			
	Bar # and State Telephone # (include extension) Last Four Digits of S.S. #			
	Primary E-mail Address (required) Secondary E-mail Address (if applicable)			
	Does your e-mail support HTML messages? Yes No Not Sure			
Bv s	ubmitting this registration form, the undersigned understands and agrees to the following:			
1.	The CM/ECF system is to be used for filing and reviewing electronic documents, docket sheets, and notices.			
2.	The password issued to you by the court, combined with your login, serves as your signature under Federal Rule of Civil Procedure 11. Therefore, you are responsible for protecting and securing this password against unauthorized use.			
3.	If you have any reason to suspect that your password has been compromised in any way, you are responsible for immediately notifying the court. Members of the court's systems staff will assess the risk and advise you accordingly.			
4.	By signing this Registration Form, you consent to receive notice electronically, and to waive your right to receive notice by personal service or first class mail pursuant to Federal Rule of Civil Procedure 5(b)(2)(D), except with regard to service of a complaint and summons. This provision does include electronic notice of the entry of an order or judgment.			
5.	You will continue to access court information via the Western District of Washington's internet site or through the Public Acess to Court Electronic Records (PACER) system. You will continue to need a PACER login, in additionable to the court-issued password. You can register for PACER at their web site: http://pacer.psc.uscourts.gov			
	By this registration, the undersigned agrees to abide by the rules and regulations in the most recent General Orde the Electronic Filing Procedures developed by the Clerk's Office, and any changes or additions that may be made to such administrative procedures in the future.			
	Signature Date			