

**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 ADMISSION TO PRACTICE
INSTRUCTIONS**

Complete and return the Petition for Admission to Practice.

- Form is fillable using Adobe Acrobat Reader.
- The Oath of Attorney must be notarized.
- Certificate of Recommendation - to be completed by two members of our bar.

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 along with a \$200.00 filing fee.

- Clerk, United States District Court
Western District of Washington
United States Courthouse, Lobby Level
Attn: Attorney Admissions
700 Stewart Street
Seattle, WA 98101
- Acceptable forms of payment - Cash, check or credit card.

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

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON**

Petition for Admission to Practice

COMES NOW _____,
Washington State Bar I.D. Number _____, and respectfully petitions the above-entitled court for admission to practice before the Bar of this court. In support of said petition, the petitioner states as follows:

Petitioner's residence address is

_____.

Petitioner's firm name is

_____.

Petitioner's business address is (include city/state/zip)

_____.

Petitioner's primary e-mail address is _____.

and business telephone number is _____ (include extension).

From the time of petitioner's admission by the Supreme Court of Washington on _____, petitioner has been engaged in the practice of law at _____ (city & state).

Petitioner submits herewith the certificates of two reputable members of the Bar of the above-entitled court, setting forth what said members know of petitioner's experience. Petitioner certifies that he/she has read the Federal Rules of Civil and Criminal Procedures and the Local Rules of the above court.

Wherefore, petitioner herein respectfully petitions that he/she be admitted to practice before the bar of the United States District Court for the Western District of Washington.

CERTIFICATE OF RECOMMENDATION

I, the undersigned _____,
Washington State Bar Number _____ hereby certify that: I am admitted to
practice as a member of the Bar of this court. I have known _____
personally for _____ years (or _____ months), and petitioner is a person of good moral
character. I recommend the admission of the petitioner to the Bar of this court.

Dated at _____ this _____ day of _____, 20____.

Your Signature

Law Firm:

Firm Address: (include city/state/zip)

Work phone:

E-mail (if applicable):

CERTIFICATE OF RECOMMENDATION

I, the undersigned _____,
Washington State Bar Number _____ hereby certify that: I am admitted to
practice as a member of the Bar of this court. I have known _____
personally for _____ years (or _____ months), and petitioner is a person of good moral
character. I recommend the admission of the petitioner to the Bar of this court.

Dated at _____ this _____ day of _____, 20____.

Your Signature

Law Firm:

Firm Address: (include city/state/zip)

Work phone:

E-mail (if applicable):



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, middle, last)

Firm Name

Firm Address (include city, state and zip code)

Washington State Bar #

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

By submitting 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 Access to Court Electronic Records (PACER) system. You will continue to need a PACER login, in addition to the court-issued password. You can register for PACER at their web site: <http://pacер.psc.uscourts.gov>

By this registration, the undersigned agrees to abide by the rules and regulations in the most recent General Order, 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

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON**

PAYMENT FORM

PLEASE SUBMIT PAYMENT ALONG WITH YOUR APPLICATION
IN THE AMOUNT OF \$200.00 TO:

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

Personal Check Money Order Cashier's Check Cash Credit/Debit	Make Checks Payable to: U.S. District Court _____ Do not submit cash if you are mailing your payment			
<p style="text-align: center;">Credit/Debit Card Authorization</p> <table border="1" data-bbox="451 1159 1167 1226"><tr><td data-bbox="451 1159 721 1226">Visa</td><td data-bbox="721 1159 927 1226">Mastercard</td><td data-bbox="927 1159 1167 1226">Amex</td></tr></table> <p>Name of Card _____</p> <p>Card Number _____</p> <p>Expiration Date _____ 3 digit Security Code _____ (Located on back of card)</p> <p>Billing Address _____ _____</p>		Visa	Mastercard	Amex
Visa	Mastercard	Amex		
<p style="text-align: center;"><i>I authorize payment of \$200.00 by credit card</i></p> <p style="text-align: center;">_____ Signature</p>				