UNITED STATES DISTRICT COURT FOR THE DISTRICT OF RHODE ISLAND

Plaintiff(s)			
v.	Case No.:		
Defendant(s)			
MOTION)	FOR ADMISSION PRO HAC VICE		
I,	, am a member in good standing of the bar of this		
Court. I am moving for the admission of	f Attorneyto		
appear pro hac vice in this case as couns	sel for		
I certify that I have reviewed the	e below information provided by the prospective admittee. I		
acknowledge and agree to observe the re	equirements of LR Gen 204 in its entirety and as it relates to the		
participation and responsibilities of loca	ıl counsel.		
LOCAL COUNSEL:			
			
Name	Signature		
Bar Number	Date		
Firm/Agency	Telephone Number		
Address	Fax Number		

I am a member in good standing of the bar of every state and federal court to which I have been admitted, and my eligibility to practice before those courts has not been restricted in any way (*list courts below*.)

State or Federal Court	Admission Date	State or Federal Court	Admission Date

To be completed by the Prospective Admittee

If you answer yes to any of the below	v questions, you <u>must</u> provide a full ex	xplanation as an attac	chment.
Have you ever been disciplined or body having disciplinary authority		YES	NO
Are there any disciplinary proceed time?	dings pending against you at this	YES	NO
Has your pro hac vice status ever	been revoked by any court?	YES	NO
Excluding traffic violations punis been convicted of, or entered a pl	• •	YES	NO
Are there any criminal charges pe	ending against you at this time?	YES	NO
	Certification and Signature	_	
counsel, as set out in LR Gen 204, reeither upon the Court's motion or more I understand my obligation to notify the questions contained within this number I have read, acknowledge, and agree including the Rules of Professional Courts.	this Court of any changed circumstand	sult in my being disquess that affect my ans rules and orders of the Court, as adopted by	ualified, wers to is Court, this Court
Respectfully submitted,			
PROSPECTIVE ADMITTEE:			
Name	Signature		
Firm/Agency	Telephone Number		
Address	Fax Number		
City, State, Zip Code	E-mail Address		