

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND

APPLICATION FOR REINSTATEMENT

I, _____ hereby apply for reinstatement to the bar of
the United States District Court for the District of Rhode Island pursuant to LR Gen 215(a)(1).

1. Full name: _____

Business Address: _____

Firm name

Street Address and Suite

City, State and Zip Code

Telephone Number: _____ Fax Number: _____

Email Address: _____

2. Provide a detailed explanation of the circumstances (e.g. Disbarment, suspension, failure to register pursuant to LR Gen 203(d)) which caused you to lose membership to the bar of this Court. (Attach a separate statement if necessary.)

3. Explain your reasons for seeking reinstatement.

4. Have you ever been disbarred, suspended or been subjected to any other disciplinary action by any court or body having disciplinary authority over attorneys?

Yes No

If yes, state the dates, the facts, the disposition of each matter, and the name and address of the authority in possession of the record thereof. (Attach a separate statement.)

5. Is there any other incident in your career having a bearing upon your character or fitness for reinstatement to this bar?

Yes No

If yes, give full details on a separate statement.

6. Have you ever been convicted of a serious crime as defined in LR Gen 213(a)(3)?

Yes No

If yes, give full details on a separate statement.

7. Are you in good standing as an attorney admitted to practice before the Bar of the Supreme Court of the State of Rhode Island and any other court whose certificate you submitted upon your request for admission to this bar?

Yes No

If no, give full details on a separate statement.

I have read the foregoing application for reinstatement to the bar of the U.S. District Court for the District of Rhode Island and have answered all questions fully and frankly. The answers are complete and are true of my own knowledge.

Signature of Applicant

Bar Number

Date