



## Supreme Court

### Petition for Temporary/Limited Admission

#### Spouse of Member of the Armed Services

In re: \_\_\_\_\_  
(First, Middle, and Last Name)

I request to be temporarily admitted to practice law based on having a spouse who is an active duty member of the armed services in Rhode Island pursuant to Article II, Rule 2(c) of the Supreme Court Rules for Admission to Practice Law.

1. My spouse is a member of the \_\_\_\_\_  
branch of the armed services in Rhode Island.

2. I graduated from \_\_\_\_\_ (law  
school), which is accredited and approved by the American Bar Association.

3. I have been engaged in the full-time active practice of law for at least one  
(1) year. (*Attach a statement setting forth your practice of law.*)

4. I am a member in good standing of the bar(s) of the following state(s) without any  
restriction on my eligibility to practice (*Attach certificate(s) of good standing for  
every jurisdiction where licensed*): \_\_\_\_\_  
\_\_\_\_\_

I understand my obligation to notify this Court immediately of any change  
respecting my status in this respect.

5. I  have  have never taken the Rhode Island bar examination. (*If you have  
taken the Rhode Island bar examination, please list every bar examination taken  
and the outcome.*)

Month and Year of Exam	Outcome (Passed or Failed)

6. I acknowledge that I am subject to the terms of Article II, Rule 2(b) of the Supreme Court Rules for Admission to Practice Law. As such, I understand that I am also subject to Article III (Disciplinary Procedure for Attorneys), Article IV (Periodic Registration of Attorneys and Mandatory Continuing Legal Education Regulations), and Article V (Rules of Professional Conduct) of the Supreme Court Rules.

7. I understand that my admission to practice shall terminate and cease to be effective three (3) years from my date of admission or sixty (60) days after the occurrence of any of the events enumerated in Article II, Rule 2(c)(2). I will immediately notify the Court should this occur.

Signature: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_