

STATE OF RHODE ISLAND
, SC

_____ COURT

v.

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C.A. No.

ATTORNEY CERTIFICATION FOR ADMISSION PRO HAC VICE
SUPREME COURT ARTICLE II, RULE 9(A)

I certify that I am a member in good standing of the bar of the following State(s) without any restriction on my eligibility to practice, and that I understand my obligation to notify this Court immediately of any change to my status in this respect. (*Attach additional pages if needed.*)

Jurisdiction	Dates of Admission	Bar Number	Current Status

I certify that I am not currently disbarred or suspended in any court.

Below is a complete list of all matters in which I have been sanctioned or disciplined. (*Attach additional pages if needed.*)

Jurisdiction/Authority	Caption/Case Number	Nature of Allegations	Action Taken

The following is a complete and accurate list of *all* proceedings in which I have applied for pro hac vice admission pursuant to Article II, Rule 9(a) of the Supreme Court Rules on the Admission to Practice Law. (*Attach additional pages if needed. Attach docket sheets for all cases listed below and copies of all court orders pertaining to your admission pro hac vice.*)

Court Filed	Case Name/Number	Date Filed	Admission Granted?

I have read and certify that the Miscellaneous Petition for Admission Pro Hac Vice filed by local counsel with this certification contains true and accurate information regarding my experience which provides the basis for my admission pro hac vice.

I have read, acknowledge, and agree to observe and to be bound by the local rules and orders of this Court, including the Rules of Professional Conduct of the Rhode Island Supreme Court, as the standard of conduct for all attorneys appearing before it.

I acknowledge that if specially admitted to appear in the above-entitled matter that I will be subject to the disciplinary procedures of the Rhode Island Supreme Court. I hereby authorize the disciplinary authorities of the bar of the State(s) listed above to release any information concerning my practice in said State(s) pursuant to the request of the Disciplinary Counsel of the Rhode Island Supreme Court.

For purposes of this case I have associated with local associate counsel identified below, and have read, acknowledge, and will observe the requirements of this Court respecting the participation of local associate counsel, recognizing that failure to do so may result in my being disqualified, either upon the Court’s motion or motion of other parties in the case.

Signature

Print Name

Firm Name

Business Address

CERTIFICATION OF LOCAL ASSOCIATE COUNSEL

I certify that I have read and join in the foregoing Certification, and acknowledge and agree to observe the requirements of this Court as related to the participation and responsibilities of local associate counsel.

Signature

Print Name

Rhode Island Bar Number.

Firm Name

Business Address