SUPER DISTRICT OF HISHIR

RAVI SUBRAMANIAN District Court Executive

Clerk of Court

UNITED STATES DISTRICT COURT

WESTERN DISTRICT OF WASHINGTON
OFFICE OF THE CLERK
U.S. COURTHOUSE
700 STEWART STREET, SUITE 2310
SEATTLE, WASHINGTON 98101
(206) 370-8400

ERIC SMITS
Chief Deputy Clerk

INSTRUCTIONS FOR COMPLETION OF PETITION FOR CONDITIONAL ADMISSION TO PRACTICE

Complete and return the fillable Petition for Conditional Admission to Practice, which includes:

- Petition to Practice.
- Self-administered Oath of Attorney, (signed and dated by the Petitioner as an Officer of the Court).
- Verification required by Western District of Washington Assistant US Attorney.
- Court's Electronic Case Filing (ECF) system Agreement.

Submit completed Petition for Conditional Admission to Practice by uploading to <u>pacer.uscourts.gov</u> as directed on the <u>Conditional Admissions</u> page (see <u>Conditional Admissions Guide</u>).

Upon successful review of the Petition for Conditional Admission to Practice, an admissions confirmation will be emailed, followed by a Certificate of Admission.

For questions, please contact the attorney admissions clerk.

Phone: 206-370-8433

E-mail: WAWD_Admissions@wawd.uscourts.gov

US District Court – Petition for Conditional Admission Revised: 11/8/2023

PETITION FOR CONDITIONAL ADMISSION TO PRACTICE

COMES NOW,	a member in
good standing of the bar of (include bar number and state)	, and
respectfully petitions the Court, pursuant to Local Rule 83.1, for conditional admiss	ion to practice
before the Bar of this Court as an employee of the United States representing one of	of its agencies.
In support of said petition, the Petitioner states as follows:	
Petitioner's residence address is:	
Petitioner's home telephone is:	
Petitioner's is currently employed by the United States as an Attorney	for (name of
agency):	
Agency Address:	
Agency phone number is:	
Agency e-mail address is:	
Petitioner's general and legal education are as follows:	

From the time of Petitioner's admission to the bar of		
(as indicated above) on (date), Petitioner has been		
engaged in the practice of law at (agency name and address):		
Petitioner seeks conditional admission, pursuant to Local Rule 83.1, as an attorney for the		
United States representing one of its agencies. The circumstances necessitating Petitioner's		
conditional admission to the Bar of this Court are as follows:		
Verification that Petitioner is an attorney for the United States by an Assistant United		
States Attorney for this District is attached.		
Petitioner certifies that he/she has read and is familiar with the Federal Rules of Civil and Crimina		

admitted to practice before the Bar of the United States District Court for the Western District of Washington.

WHEREFORE, Petitioner herein respectfully petitions that he/she be conditionally

Procedure and the Local Rules of this Court.

OATH OF ATTORNEY

I solemnly swear that I will support and defend the Constitution and the laws of the United States of America against all enemies, foreign and domestic; that I will and faithfully discharge my duties as a lawyer, counselor, and proctor of this Court; and that I will maintain the respect due to the courts of justice and judicial officers and I will demean myself uprightly and accordingly to law and recognized standards of ethics of the legal profession. Petitioner herein, being first duly sworn, on oath deposes and says: That he/she has read the foregoing petition and that the facts stated therein are true of Petitioner's own knowledge. I, _____, declare under penalty of perjury under the laws of the State of Washington and the United States, that the foregoing is true and correct to the best of my knowledge and belief. DATED this _____ day of _____ 20__. Petitioner's Signature

Bar No. _____

VERIFICATION OF ASSISTANT UNITED STATES ATTORNEY

l,	, hereby verify that I am
an Assistant United States Attorney for the V	Vestern District of Washington.
I verify that	is an Attorney for the
United States.	
DATED at,	, Washington this day of
,	20
	Assistant United States Attorney



ATTORNEY REGISTRATION FORM for the ELECTRONIC CASE FILING SYSTEM (CM/ECF)

Last Name:	First Name:	Middle :
Attorney Bar # and State:		
By submitting this registration for	m, the undersigned understands and agrees to the foll	owing:
1. The CM/ECF system is to be us	ed for filing and reviewing electronic documents, dock	et sheets, and notices.
	d with your login, serves as your signature under Feder sponsible for protecting and securing this password ag	
	ect that your password has been compromised in any will assess the risk and advise accordingly.	way, you are responsible for immediately
personal service or first-class	rm, you consent to receive notice electronically and mail pursuant to Federal Rule of Civil Procedure 5(label provision does include electronic notice of the entry	b)(2)(C), except with regard to service of
Court Electronic Records (PACI	urt information via the Western District of Washington's R) system. After January 27,2020, a PACER login and part access at their web site: www.pacer.gov.	
	ion, the undersigned agrees to abide by the rules and redures developed by the Clerk's Office, and any change future.	
Sign	ature (Type "s/" and your name)	Date Signed