



**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

**WILLIAM M. MCCOOL**  
District Court Executive  
Clerk of Court

**LORI LANDIS**  
Chief Deputy Clerk

**PETITION FOR CONDITIONAL ADMISSION  
TO PRACTICE INSTRUCTIONS**

Complete and return the Petition for Conditional Admission to Practice:

- Form is fillable using Adobe Acrobat Reader
- Oath of Attorney must be notarized.
- Verification required by Western District of Washington Assistant US Attorney.
- Registration form for the Court's Electronic Case Filing (ECF) system.

Submit completed Petition for Conditional Admission to Practice to:

Clerk, United States District Court  
Western District of Washington  
U.S. Courthouse  
Attn: Attorney Admissions  
700 Stewart Street, Suite 2310  
Seattle, WA 98101

Once the completed packet is received, verified and processed, a Certificate of Conditional Admission will be mailed and your ECF login and password will be e-mailed.

For questions, please contact the attorney admissions clerk.

Dana Scarp  
Phone: 206-370-8862  
E-mail: [dana\\_scarp@wawd.uscourts.gov](mailto:dana_scarp@wawd.uscourts.gov)

**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 Civil Rule (LCR) 83.1, for conditional admission to practice before the Bar of this Court as an employee of the United States representing one 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):

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Petitioner seeks conditional admission, pursuant to Local Civil Rule LCR 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:

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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 Criminal Procedure and the Local Rules of this Court.

WHEREFORE, Petitioner herein respectfully petitions that he/she be conditionally admitted to practice before the Bar of the United States District Court for the Western District of Washington.



**VERIFICATION OF ASSISTANT UNITED STATES ATTORNEY**

I, \_\_\_\_\_, hereby verify that I am an Assistant United States Attorney for the Western 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: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State or Province \_\_\_\_\_ Zip Code or Postal Code: \_\_\_\_\_

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

Primary E-mail Address: \_\_\_\_\_ Secondary E-mail Address: \_\_\_\_\_

By submitting this registration form, the undersigned understands and agrees to the following:

1. The CM/ECF system is to be used for filing and reviewing electronic documents, docket sheets, and notices.
2. The password issued to you by the court, combined with your login, serves as your signature under Federal Rule of Civil Procedure 11. Therefore, you are responsible for protecting and securing this password against unauthorized use.
3. If you have any reason to suspect that your password has been compromised in any way, you are responsible for immediately notifying the court. Members of the court's systems staff will assess the risk and advise you accordingly.
4. By signing this Registration Form, **you consent to receive notice electronically, and to waive your right to receive notice by personal service or first class mail pursuant to Federal Rule of Civil Procedure 5(b)(2)(C), except with regard to service of a complaint and summons.** This provision does include electronic notice of the entry of an order or judgment.
5. You will continue to access court information via the Western District of Washington's internet site or through the Public Access to Court Electronic Records (PACER) system. You will continue to need a PACER login, in addition to the court-issued password. You can register for PACER at their web site: <http://pacer.psc.uscourts.gov>.
6. By this registration, the undersigned agrees to abide by the rules and regulations in the most recent General Order, the Electronic Filing Procedures developed by the Clerk's Office, and any changes or additions that may be made to such administrative procedures in the future.

\_\_\_\_\_  
Signature (Type "s/" and your name)

\_\_\_\_\_  
Date Signed