



## UNITED STATES DISTRICT COURT

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

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

**ERIC SMITS**  
Chief Deputy Clerk

### INSTRUCTIONS FOR COMPLETION OF PETITION FOR CONDITIONAL ADMISSION TO PRACTICE

Complete and submit 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 [pacer.uscourts.gov](https://pacer.uscourts.gov) as directed on the [Conditional Admissions](#) page (see [Conditional Admissions Guide](#)).

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.

Dana Scarp  
Phone: 206-370-8862  
E-mail: [WAWD\\_Admissions@wawd.uscourts.gov](mailto:WAWD_Admissions@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 Rule 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:

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Petitioner's home telephone: \_\_\_\_\_

Petitioner's is currently employed by the United States as an Attorney for (name of agency): \_\_\_\_\_

Agency Address:

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Agency phone number is: \_\_\_\_\_

Agency e-mail address is: \_\_\_\_\_

Petitioner's general and legal education are as follows:

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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 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.

## 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 depose and say: 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

, State & Bar No. \_\_\_\_\_

**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:** \_\_\_\_\_

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 PACER password combined with your login, serves as your signature under Federal Rule of Civil Procedure 11 and 5(d)(3)(C). 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. Court staff will assess the risk and advise accordingly.
4. By signing this Registration Form, **you consent to receive notice electronically and 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. After January 27, 2020, a PACER login, and password, will be required to electronically file. You can register for PACER access at their web site: [www.pacer.gov](http://www.pacer.gov).
6. By completion of 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**

**E-MAIL OPTION:**

Print and scan this form, then send it as an attachment to an e-mail to: [cmecfreg@wawd.uscourts.gov](mailto:cmecfreg@wawd.uscourts.gov)

**MAIL OPTION:**

Print this form and mail to:  
Clerk, U.S. District Court  
Western District of Washington  
Attn: ECF Attorney Registration  
700 Stewart St., Ste 2310  
Seattle, WA 98101

For assistance with this form, call ECF Support at 206-370-8440 Option 2  
or 866-323-9293 Option 2