



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

LORI LANDIS
Chief Deputy Clerk

PETITION FOR ADMISSION TO PRACTICE INSTRUCTIONS

Complete and return the Petition for Admission to Practice:

- Form is fillable using Adobe Acrobat Reader
- Oath of Attorney must be notarized.
- Certificate of Recommendations – to be completed by members of our bar.
- Registration form for the Court's Electronic Case Filing (ECF) system.

Submit completed Petition for Admission to Practice along with the required \$231 filing fee to:

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

Acceptable forms of payment include – Credit card, money order or checks made payable to Clerk, U.S. District Court.

Once the completed packet is received, verified and processed, a Certificate of 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



PETITION FOR ADMISSION TO PRACTICE

COMES NOW _____, Washington
States Bar ID Number _____, and respectfully petitions the above-entitled court
for admission to practice before the Bar of this Court. In support of said petition, the
Petitioner states as follows:

Petitioner's residence address is:

Petitioner's firm name is:

Petitioner's business address is: (include suite number, city, state & zip code)

Petitioner's primary e-mail address is: _____

Business telephone number with area code is: _____

From the time of Petitioner's admission by the Supreme Court of Washington on
_____, Petitioner has been engaged in the practice of
law at _____ (city & State).

Petitioner submits herewith the certificates of two reputable members of the Bar of
the above-entitled Court, setting forth what said members know of Petitioner's experience.
Petitioner certifies that he/she has read the Federal Rules of Civil and Criminal Procedures
and the Local Rules of the above Court.

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



OATH OF ATTORNEY

I, _____, Petitioner herein, being first duly sworn, on oath depose and say: That I have read the foregoing petition and that the facts stated therein are true of Petitioner's own knowledge.

Further, "I solemnly swear or affirm that as an attorney and officer of this Court, I will support and defend the Constitution and the laws of the United States, I will conduct myself in an honest and ethical manner at all times, and I will faithfully serve my clients and this Court, honoring the principles of respect, justice, and equality for all."

Signature of Applicant

STATE OF _____

COUNTY OF _____

SUBSCRIBED and SWORN to before me this _____ day of _____
20____.

(SEAL)

Notary Public in and for the State of

residing at _____

My commission expires: _____



CERTIFICATE OF RECOMMENDATION

I, the undersigned _____,
Washington State Bar Number _____ hereby certify that: I am admitted to
practice as a member of the Bar of this Court. I have known _____
personally for _____ years (or _____ months), and Petitioner is a person of good
moral character. I recommend the admission of the Petitioner to the Bar of this Court.

Your Signature

Firm Name: _____

Firm Address: _____

Phone: _____

E-mail: _____



CERTIFICATE OF RECOMMENDATION

I, the undersigned _____,
Washington State Bar Number _____ hereby certify that: I am admitted to
practice as a member of the Bar of this Court. I have known _____
personally for _____ years (or _____ months), and Petitioner is a person of good
moral character. I recommend the admission of the Petitioner to the Bar of this Court.

Your Signature

Firm Name: _____

Firm Address: _____

Phone: _____

E-mail: _____



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



**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON**

PAYMENT FORM

**PLEASE SUBMIT PAYMENT ALONG WITH COMPLETED
PETITION OF ADMISSION IN THE AMOUNT OF \$231 TO:**

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

- Personal Check
- Money Order
- Cashier's Check
- Credit/Debit Card

Make Check payable to:

Clerk, U.S. District Court

Credit/Debit Authorization

Visa

MasterCard

American Express

Name on Card: _____

Card Number: _____

Expiration Date: _____

Security Code: _____

Billing Address: _____

I authorize payment of \$231.00 by credit/debit card.

Signature