

DISTRICT COURT, _____ COUNTY, COLORADO Court Address:	
Plaintiff(s): Defendant(s):	▲ COURT USE ONLY ▲
Applicant Attorney: Address: Phone Number: FAX Number: E-mail: Atty. Reg. #: <i>[Colorado PPA#]</i> Sponsoring Attorney: Address: Phone Number: FAX Number: E-mail: Atty. Reg. #:	Case Number: <i>(the motion cannot be processed unless a case number is included)</i> Div.: Ctrm.:
OUT OF STATE COUNSEL'S VERIFIED MOTION REQUESTING PRO HAC VICE ADMISSION	

Pursuant to C.R.C.P. 121 § 1-2, and Rule 205.3, _____ *[Name of Applicant Attorney]* of the Law Firm of _____ *[Firm Name]* of _____ *[City and State]* moves for pro hac vice admission to practice before this Court in the above-captioned matter.

AS GROUNDS FOR THIS MOTION, _____ *[Name of Applicant Attorney]* states and shows the Court the following:

1. Under Rule 205.3, an attorney and counselor at law in good standing from any other jurisdiction in the United States may, in the discretion of a Colorado court of record, be permitted to participate before the Court in a trial, argument and other proceeding in the particular case in which the attorney is employed, provided that a member in good standing of the Bar of the State of Colorado is associated in such cause at all stages of the case.
2. _____ *[Name of Applicant Attorney]* of the Law Firm of _____ *[Firm Name]* is a member in good standing of the Bar in the State of

_____ [State]. _____ [Name of Applicant Attorney] is assigned attorney registration or bar admission number _____ in the State of _____.

3. _____ [Name of Applicant Attorney] has also been licensed in the following jurisdiction(s): _____ (States), under the following admission number(s) _____. [If applicable: (Name of Applicant Attorney) was issued a Practice Pending Admission Certification on (date) and issued Practice Pending Admission Number (PPA No.)].
4. _____ [Name of Applicant Attorney] is in good standing in all Bars wherever admitted and has not been subject to any order of discipline or disability by any Bar, or had any request for pro hac vice admission denied or revoked.

or

_____ [Name of Applicant Attorney] has been publicly disciplined, placed under an order of disability, or has had a request for pro hac vice admission denied or revoked in the following jurisdictions: _____ (state the jurisdiction, the date of transfer to disability, the date of discipline, the date of the denial or revocation, or pro hac vice admission, the nature of the violation and the discipline imposed or the reason for the denial or revocation of pro hac vice admission).

5. _____ [Name of Applicant Attorney] has not previously sought pro hac vice admission in Colorado.

or

_____ [Name of Applicant Attorney] has been admitted pro hac vice in the following Colorado cases in the preceding five years: _____ (state the date, case name, and case number all other matters in Colorado in which pro hac vice admission has been sought and whether admission was granted or denied).

6. _____ [Name of Applicant Attorney] acknowledges that they are subject to all applicable provisions of the Colorado Rules of Professional Conduct, the Colorado Rules of Civil Procedure and other court rules, and that they have read such rules and will follow such rules.
7. _____ [Name and Registration No. of Sponsoring Attorney], is a member in good standing of the Bar of the State of Colorado.
8. _____ [Name of Sponsoring Attorney] will be present and participate in a meaningful and substantial manner throughout the proceedings and trial of this matter.

9. The following are parties to the proceeding and have been notified of this Verified Motion requesting pro hac vice admission: _____ (state parties' names and attorneys' names if represented).
10. _____ [Name of Applicant Attorney] has filed a copy of this motion with the Clerk of the Colorado Supreme Court at the Office of Attorney Registration, 1300 Broadway, Suite 510, Denver, Colorado 80203 and paid the required fee.
11. An affidavit setting forth _____'s [Name of Applicant Attorney] qualifications and compliance is attached.
12. By execution of the attached verifications, the Colorado licensed Sponsoring Attorney and Applicant Attorney verify their association on this matter.

WHEREFORE, Out of State Counsel respectfully requests that the Court admit _____ [Name of Applicant Attorney] pro hac vice, to practice before the Court in this case.

Respectfully submitted on the _____ day of _____, 20__.

 _____(signature)
 [Type Name of Applicant Attorney]

 [Reg. No. and State]

 [Street Address]

 [City, State, Zip]

 [Phone]

and

 _____(signature)
 [Type Name of Sponsoring Attorney]

 [Reg. No.]

 [Street Address]

 [City, State, Zip]

 [Phone]

VERIFICATION

I declare under penalty of perjury under the law of Colorado that the foregoing Out of State Counsel's Verified Motion Requesting Pro Hac Vice Admission is true and correct, signed by _____ [*Name of Sponsoring Attorney and Registration No.*] this _____ day of _____, 20__.

_____ (signature)
Sponsoring Attorney

VERIFICATION

I declare under penalty of perjury under the law of Colorado that the foregoing Out of State Counsel's Verified Motion Requesting Pro Hac Vice Admission is true and correct, signed by _____ [*Name of Applicant Attorney and Registration No.*] this _____ day of _____, 20__.

_____ (signature)
Applicant Attorney

DISTRICT COURT, _____ COUNTY, COLORADO Court Address:	
Plaintiff(s): Defendant(s):	▲ COURT USE ONLY ▲
Applicant Attorney: Address: Phone Number: FAX Number: E-mail: Atty. Reg. #: <i>[Colorado PPA#]</i> Sponsoring Attorney: Address: Phone Number: FAX Number: E-mail: Atty. Reg. #:	Case Number: <i>(the motion cannot be processed unless a case number is included)</i> Div.: Ctrm.:
CERTIFICATE OF SERVICE	

I HEREBY CERTIFY that I have on this _____ day of _____, 20__, sent by United States Mail, first class postage prepaid, true and complete copies of Out of State Counsel's Verified Motion Requesting Pro Hac Vice Admission of _____ *[Applicant Attorney]*, to:

- _____ *[Plaintiff/Defendant Attorney Name]*
- _____ *[Street Address]*
- _____ *[City, State, Zip]*
- _____ *[Co-Plaintiff/ Co-Defendant Attorney Name]*
- _____ *[Street Address]*
- _____ *[City, State, Zip]*
- _____ *[Client Name]*
- _____ *[Street Address]*
- _____ *[City, State, Zip]*

[Person Certifying the Service]

DISTRICT COURT, _____ COUNTY, COLORADO Court Address:	
Plaintiff(s): Defendant(s):	▲ COURT USE ONLY ▲
Applicant Attorney: Address: Phone Number: FAX Number: E-mail: Atty. Reg. #: <i>[Colorado PPA#]</i> Sponsoring Attorney: Address: Phone Number: FAX Number: E-mail: Atty. Reg. #:	Case Number: <i>(the motion cannot be processed unless a case number is included)</i> Div.: Ctrm.:
AFFIDAVIT OF _____ <i>[Out of State Attorney]</i>	

1. My name is _____ *[Name of Applicant Attorney]*. I am an attorney with the Law Firm of _____ *[Name, Address, City, State and Zip]*; telephone number _____ *[Phone Number]* and counsel to Plaintiff/Defendant in the action referenced above.

2. I received a _____ *[JD or LLB]* degree from _____. I was admitted to the State Bar and Courts of _____ *[State(s)]* in _____ *[year(s)]* and to the United States District Court for the _____ District of _____ *[State(s)]* in _____ *[year(s)]*. *(List all Bars where attorney is admitted)*

3. I am in good standing in all Bars wherever admitted, no disability, disciplinary or grievance proceedings have been filed or are pending against me and I have never had a request for pro hac vice admission denied or revoked.

or

I am in good standing in all Bars wherever admitted, but I have been publicly disciplined, have been placed on disability, or have a pending disability or disciplinary matter in the following jurisdictions: *(state the jurisdiction, the date of the disability or disciplinary action, the nature of the violation and the discipline imposed)*.

or

I am in good standing in all Bars wherever admitted, I have had a request for pro hac vice admission denied or revoked in the following jurisdictions: *(state the jurisdiction, the date of the denial or revocation, and the circumstances for the denial or revocation)*.

4. I have not established domicile in the State of Colorado.

or

I have established domicile in the State of Colorado and am practicing law in Colorado under PPA Number: [*Applicant Attorney's Practice Pending Admission Number*]

5. I have not established a place in Colorado from which I hold myself out to the public as practicing Colorado law, nor am I soliciting or accepting Colorado clients.

or

I have established a place in Colorado from which I hold myself out to the public as practicing Colorado law and am practicing law in Colorado under PPA Number: [*Applicant Attorney's Practice Pending Admission Number*]

6. I have not previously sought pro hac vice admission in Colorado.

or

I have been admitted pro hac vice in the following Colorado cases in the preceding five years: _____ *(state date, case name, and case number for all other matters in Colorado in which pro hac vice admission has been sought and whether admission was granted or denied)*.

7. The party represented is _____ [*Name of Party*], *(plaintiff/defendant)* in this matter. I have notified *(them/or Name of Party)* of the Motion

requesting permission for me to appear in this matter in this Colorado Court.

8. I acknowledge that I am subject to all applicable provisions of the Colorado Rules of Professional Conduct, the Colorado Rules of Civil Procedure and other court rules; that I have read and will follow these rules throughout the pro hac vice admission; and that the Verified Motion complies with those rules.
9. The Colorado licensed attorney who will associate with me is: _____
[Name and Registration No. of Sponsoring Attorney]; _____ *[Street Address]*, _____ *[City, State, Zip]*; _____ *[Telephone]*.
10. I have paid the fee to the Clerk of the Colorado Supreme Court and separately provided a copy of the Verified Motion and this Affidavit to the Office of Attorney Registration, 1300 Broadway, Suite 510, Denver, Colorado 80203. Signed this _____ day of _____, 20__.

I declare under penalty of perjury under the law of Colorado that the foregoing Affidavit is true and correct, signed by _____
[Name of Applicant Attorney] this _____ day of _____, 20__.