

**APPLICATION FOR CERTIFICATION TO PRACTICE PENDING ADMISSION
PURSUANT TO C.R.C.P. 205.6**

Please type or print

1. Name: Please complete the information in item 1 by providing your full legal name for the official records of the Colorado Supreme Court.

☐ Mr. ☐ Ms. _____
(Last Name, First Name, Middle Name)

2. Date of Birth: _____ **Sex:** _____

3. Mailing address: You are required to designate and update a mailing address and a business telephone number that will appear within and be published from the official records of the Colorado Supreme Court Attorney Registration Office. You will receive all printed communications at the address you designate as your official address. If your designated address is not the physical location or street address of your principal place of employment, then a physical address must also be given.

Official Mailing Address	Physical Address

Business telephone number _____

Business fax number _____

Business e-mail address _____

4. Employment: Please list employment history to demonstrate that you have been engaged in the active practice of law for three of the last five years.

From (mo/yr)	To (mo/yr)	Employer	Location	Title	Practice Area

5. Admissions to Practice Law: Please list all jurisdictions in which you are or were licensed to practice law. Include your bar or attorney number, or other personal identifier, from that licensing entity. If you are or were admitted under a name that is different from the name indicated in item 1, please provide the name under which you are or were admitted. Use additional paper if necessary. Please use correct postal abbreviations to list jurisdictions.

Jurisdiction	Last Name, First Name, Middle Name	Bar/Attorney Number	Date Admitted

6. Application(s) for Admission to Practice Law in Colorado:

Date Application for Admission to Practice Law in Colorado submitted to Attorney Regulation Counsel, Office of Attorney Admissions: _____

Type:

_____ Exam _____ UBE _____ On Motion _____ Other _____

Have you previously submitted an Application for Admission to Practice Law in Colorado?\

_____ No _____ Yes If yes, date submitted: _____

Type:

_____ Exam _____ UBE _____ On Motion _____ Other _____

Have you previously been denied admission to practice law in Colorado?

_____ No _____ Yes

Have you previously taken the Colorado Bar Examination? _____ No _____ Yes

If yes, date(s): _____

Have you ever failed the Colorado Bar Examination? _____ No _____ Yes

If yes, date(s): _____

7. Denials of Admission to Practice Law: Have you ever been denied admission to practice before the bar of any jurisdiction based upon your character or fitness? Check one.

☐ Yes Please indicate jurisdiction(s): _____

☐ No

8. Identity of Supervising Attorney: Please provide the name, address, and telephone number of the Colorado attorney with whom you will associate and be supervised by if this application is granted.

Name of Associated/Supervising Colorado Attorney:_____

Address of Attorney:_____

Telephone number of Attorney:_____

CERTIFICATION:

(State, Commonwealth, etc.)

(County, Borough, etc.)

I, _____ (print name), the undersigned applicant for certification to Practice Pending Admission to Practice Law within the State of Colorado, do hereby certify that I have read and am familiar with the Colorado Rules of Professional Conduct and will abide by the provisions thereof, with the exception of Colo. RPC Rules 1.15A – 1.15E.

I acknowledge that I am subject to the jurisdiction of the Colorado Supreme Court for disciplinary and disability purposes, as set forth in C.R.C.P. 228, *et seq.*, and C.R.C.P. 251, *et seq.*

I further certify that I am not subject to a disciplinary proceeding or outstanding order of reprimand, censure, or disbarment, permanent or temporary, for professional misconduct by the bar or courts of any jurisdiction at the time of application.

I further authorize notification to or from the entity governing the practice of law within each jurisdiction in which I am licensed to practice law of any disciplinary action taken against me.

I hereby certify that I am or will be associated with, and supervised, by the Colorado licensed attorney as identified in my application for Practice Pending Admission status.

I agree to affirmatively state and include the following language in all of my written communications with the public and clients: “Practice temporarily authorized pending admission under C.R.C.P. 205.6.”

I understand and agree that I may not appear before a court of record or tribunal in Colorado without first requesting and obtaining *pro hac vice* admission pursuant to the Colorado Rules of Civil Procedure.

I certify that I have read and am familiar with the provisions of C.R.C.P. 205.6, and specifically agree to comply with subsections (4), (6) and (7) of Rule 205.6.

I certify that I have engaged in the active practice of law as defined in C.R.C.P. 203.2(2) for three of the five years immediately preceding this application, as demonstrated by the employment information included in my application for certification and in my application for admission to practice law in Colorado.

I have read the foregoing application, and further attest that the information submitted in it is complete and true to the best of my knowledge and belief.

Signature of Applicant

The foregoing instrument was sworn to be subscribed before me this _____ day

of _____, _____ by _____

who is personally known to me or who has produced _____ as identification.

(signature of notary)

(name of notary)

CERTIFICATE OF GOOD STANDING

(State, Commonwealth, etc.)

(County, Borough, etc.)

Re: _____
(attorney name)

I HEREBY CERTIFY that I am duly appointed custodian of records of the entity that licenses or regulates attorneys in the above-referenced jurisdiction.

I FURTHER CERTIFY that the records of my office indicate that the above-referenced attorney is in good standing.

I FURTHER CERTIFY that the records of my office indicate that the above referenced attorney is not under any current order of suspension, disability or disbarment.

Dated this _____ day of _____, _____.

(signature)

(print name)

(title)

Verification of Supervising Attorney

(State, Commonwealth, etc.)

(County, Borough, etc.)

I, _____, am an attorney licensed to practice law in Colorado, I am on active status and in good standing. I understand that I am providing verification that _____ (name of applicant) is seeking authorization to Practice Pending Admission to Practice Law in Colorado pursuant to C.R.C.P. 205.6.

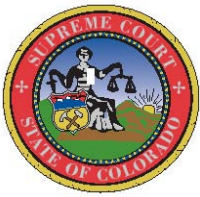
I HEREBY CERTIFY that the above-referenced applicant has associated with me for purposes of his/her application for authorization to practice pending admission to the Colorado Bar. I agree to supervise _____ (name of applicant) for the period of time he/she is authorized to practice pending admission. I understand that this may call for me to associate with and supervise _____ (name of applicant) for up to 365 days or until such shorter time he/she no longer qualifies to Practice Pending Admission pursuant to C.R.C.P. 205.6.

Dated this _____ day of _____, _____.

Signature

Print Name

Colorado Attorney Registration Number



COLORADO SUPREME COURT
OFFICE OF ATTORNEY REGISTRATION
1300 Broadway, Suite 510
Denver, CO 80203
(303) 928-7800
(303)501-1146 Fax

NAME: _____

ATTORNEY REGISTRATION STATEMENT – Compliance Statements

The Colorado Supreme Court requires all attorneys and applicants to answer the following compliance questions:

1. CHILD SUPPORT - Check only one

Please refer to C.R.C.P. 227(A)(2)(a) certification pertaining to child support and compliance with any child support order.

- ☐ I hereby certify that I am NOT UNDER ANY COURT ORDER to pay child support.
- ☐ I hereby certify that I am IN COMPLIANCE with respect to any child support orders.
- ☐ I hereby certify that I am NOT IN COMPLIANCE with respect to child support orders.

2. COMPLIANCE STATEMENT FOR RULE 1.15 A-E - COLTAF

The following statement only applies to Colorado accounts and Colorado client funds.

- ☐ I or my law firm have established one or more interest-bearing accounts for client funds in a financial institution approved by the Supreme Court Regulation Counsel with interest payable to the Colorado Lawyer Trust Account Foundation (COLTAF). Client funds are held in:

Account Name	Account Number	Financial Institution	City

- ☐ I am exempt from the requirement to establish a COLTAF account because:

- ☐ All client funds are deposited in trust accounts with interest payable to the clients.
- ☐ I do not receive, maintain or disburse client funds in Colorado.
- ☐ A COLTAF account is not feasible for reasons beyond my control:

3. MALPRACTICE INSURANCE

Are you in private practice? ☐ YES ☐ NO

Are you currently covered by Professional Liability Insurance and do you intend to maintain coverage? ☐ YES ☐ NO

Indicate carrier if covered: ☐ ALAS (Attorneys' Liability Assurance Company) ☐ ALPS (Attorneys' Liability Protection Society) ☐ AmTrust (Wesco Insurance Company) ☐ Travelers (St. Paul Mercury Insurance Company) ☐ CNA (Continental Casualty) ☐ Other _____

4. CERTIFY STATEMENTS:

Please certify that the above marked statements are true and correct by signing below:

- ☐ I certify that I completed my registration statement and that the answers provided are accurate.
- ☐ I understand that my annual registration is not complete until the Court has received my annual registration fee payment.
- ☐ I understand that pursuant to C.R.C.P. 227(b) I must provide the Office of Attorney Registration with a supplemental statement of change in the information previously submitted, within 30 days of any changes. Such changes include changes to my registered mailing address, phone number, email, trust account information, child support payment status, or professional liability insurance coverage status.

Attorney's Signature

Date