UNITED STATES DISTRICT COURT
DISTRICT OF OREGON

In the Matter of the Application of

_____
(full name of applicant)

for Admission to the Bar of the United States District Court for the District of Oregon

Request for Certificate of Good Standing or Duplicate Admissions Certificate

Name: _____
(Last Name) *(First Name)* *(MI)* *(Suffix)*

Phone Number: _____

E-mail Address: _____

Oregon Bar Number: _____

Type of Certificate Requested:

☐ Certificate of Good Standing
☐ Duplicate Certificate of Admission (By selecting this box the applicant certifies he or she is no longer in possession of the original certificate of admission.)

Please state the reason a duplicate certificate is required:

_____

_____

Delivery:

☐ By U.S. Mail
☐ Pick up at Clerk's Office Intake counter

DATED this _____ day of _____, _____

_____
(Signature)