**Pa. B.A.R. 303**

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| Pennsylvania Board of Law Examiners  601 Commonwealth Ave., Suite 3600  PO Box 62535  Harrisburg, PA 17106-2535 | PableSeal | Phone: (717) 231-3350  Fax: (717) 231-3351  www.pabarexam.org |

# **Instructions for Application for Limited Admission of Military Attorneys Under Pa.BA.R. 303**

You must submit an ORIGINAL application, which MUST be typed or legibly written. You must answer every question with complete and absolute candor. You must complete, sign, date, and return the *Application for Limited Admission of Military Attorneys Under Pa.B.A.R. 303*. Complete all questions and information blocks using the appropriate area on the application. Return your completed *Application* and required documentation to: PA Board of Law Examiners, 601 Commonwealth Ave., Suite 3600, PO Box 62535, Harrisburg, PA 17106. The Board of Law Examiners will coordinate the processing of the application with the Supreme Court of Pennsylvania Office of the Prothonotary.

## Application Instructions

### **Applicant Information:**

You must provide your full name, complete address, including zip code and telephone numbers. Your e-mail address is considered a part of your confidential application and will not be released to anyone. If your name, address and/or telephone number(s) change, you must notify the Prothonotary in writing, within 10 days of each occurrence. Name, address and/or telephone number changes will not be processed over the telephone and must be in writing.

Please provide the last four digits of your Social Security Number (SSN), the month, day, and year of your birth, and the city, state, and country (if not United States) of your birth. Disclosure of the last four digits of your SSN minimizes the risk of misidentification and provides information used for positive identification and record keeping purposes only.

Indicate the name, location and dates of attendance of the law school from which you have received your JD. Indicate the military branch and whether or not you are full time active duty. Indicate whether or not you are a member of the Reserve or National Guard.

### **Staff Judge Advocate Information:**

You must provide all requested information regarding your Supervising Judge Advocate, including their installation.

### **Motion for Admission:**

Must be completed by the Staff Jude Advocate.

### **Oath of Admission:**

Oath of admission must be administered by a notary public, judge, or other official authorized to administer oaths. The official **must** sign and date on the line provided under the oath. Notaries must apply seal and/or stamp as required by law in their jurisdiction.

## Required Documentation

1. documentation from the highest court of another state showing that the applicant is admitted to practice law and is on active status in such state at the time of filing the application;
2. a certificate of good standing from the highest court or the agency having jurisdiction over admission to the bar and the practice of law in every jurisdiction in which the applicant has been admitted to practice law, stating that the applicant is in good professional standing at the bar of such court or such state;
3. proof that the applicant has completed at least 15 credit hours of approved continuing legal education in subjects relating to Pennsylvania practice, procedure and professional responsibility.

### **Expiration:**

Admission under this rule is limited to a period of four years. The Staff Judge Advocate may submit to the Prothonotary a request to extend the admission for an additional four years. The Staff Judge Advocate shall notify the Prothonotary in writing if the attorney is no longer eligible to practice under this rule. See Pa. B.A.R. 303

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**Supreme Court of Pennsylvania**

# **Application for Limited Admission of Military Attorneys Under Pa.B.A.R. 303**

**This application must be typed or legibly printed.**

## Applicant Information:

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| Prefix |  | First Name | | | | | | | | | |  | | Middle Name or Initial | | | | | | | | |  | | Last Name | | | | | | | | | | |  | | Suffix |
|  | | | | | | | | | | | | | | | |  | |  |  | | | | | |  | | |  | | | | | | | | | | |
| Address 1 | | | | | | | | | | | | | | | |  | |  | Telephone Number: | | | | | |  | | | Home | | | |  | | |  | |  | |
|  | | | | | | | | | | | | | | | |  | |  |  | | | | | |  | | |  | | | | | | | | | | |
| Address 2 | | | | | | | | | | | | | | | |  | |  |  | | | | | |  | | | Business | | | |  | | |  | |  | |
|  | | | |  |  | | | |  |  | | | | | |  | |  |  | | Email | | | |  | | |  | | | | | | | | | | |
| City | | | |  | State | | | |  | Zip Code | | | | | |  | |  |  | | | | | |  | | |  | | | | | | | | | | |
|  | | | |  |  | | | | | | | | | | |  | |  |  | | | | | | | | | | | | | | | | | | | |
| Last 4 of Social Security | | | |  | Date of Birth (mm/dd/yyyy) | | | | | | | | | | |  | |  | Birthplace including (including State/Country) | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | |  | | |  | |  |  |  | | | |  |  | | | | | | |  | |  | | | | |
| Law School | | | | | | | | | | | | | | | |  | |  | State |  | | | | | Begin Date (mm/yyyy) | | | | | | |  | | Graduation Date (mm/yyyy) | | | | |
|  | | | | | | | | | | |  | |  | | | Full time active duty? | | | |  | |  | | | | | | | | | | | | | | | | |
| Military Branch | | | | | | | | | | |  | |  | | |  | | Yes | | | |  | | | | No | | |  | | | | | |
| Member of Reserve or National Guard? | | | | | | | | | | |  | |  | | |  | |  |  |  | | | | | | | | | | | |  | | | | | | |
|  | | Yes | | |  | |  | No |  | |  | | | | | | | | | |  | | | | | | |
| Full Time? | | | | | | | | | | |  | |  | | | Part Time? | | | |  | |  | | | | | | | | | |  | | | | | | |
|  | | | Yes | | | |  | No | | |  | |  | |  | |  | | | | | Yes | | | | |  | | No | |  | | | | | | | |

## Supervising Judge Advocate Information:

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| --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  | |
| Name | | | |  | Installation | |
|  | | | |  |  | |
| Address 1 | | | |  | Address 2 | |
|  | | | |  |  | |
| City, State, Zip Code | | | |  | Telephone Number | |
| Pennsylvania Board of Law Examiners  601 Commonwealth Ave., Suite 3600  PO Box 62535  Harrisburg, PA 17106-2535 | PableSeal | | | | | Phone: (717) 231-3350  Fax: (717) 231-3351  www.pabarexam.org |

**Supreme Court of Pennsylvania**

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## Motion for Admission

I,       , (your name) Staff Judge Advocate for

      , (installation) hereby move the admission of \_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (attorney’s name) to the Bar of the Commonwealth of Pennsylvania. I am satisfied he/she possesses the necessary qualifications.

I certify that the applicant will perform legal services in this commonwealth in accordance with the scope of legal activities permitted under Pa.B.A.R. 303.

Describe attorney’s status in the military and where he/she will be performing legal services for enlisted military personnel in Pennsylvania:

I understand that this applicant will be subject to (duties and obligations) of active members of the Pennsylvania bar including, but not limited to, the Rules of Professional Conduct, the Rules of Disciplinary Enforcement.

I verify that the statements of fact made by me in this application/motion are true and correct and that they are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities. I further verify that I have not omitted any facts or matters pertinent to this application/motion.

Authorized signature: Date:

Printed name:

Contact telephone number:

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## Oath of Admission

I, \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do solemnly swear (or affirm) that I will support, obey and defend the Constitution of the United States and the Constitution of this Commonwealth and that I will discharge the duties of my office with fidelity to the Court and to my client.

Subscribed and sworn to

before me this day

of , . (Applicant to sign here)

(Signature of person administering oath)

(Court or jurisdiction)

(This oath to be sworn to before, and the seal affixed by, a Notary Public or any other person authorized to administer oaths in any jurisdiction of the United States. If a Judge, please indicate of which Court or Jurisdiction.)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I verify that the statements of facts made by me in this application are true and correct, and that they are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities. I further verify that I have not omitted any facts or matters pertinent to this application.

Signature Date

**NOTE:** All original forms and the required documentation should be mailed to:

The Pennsylvania Board of Law Examiners

601 Commonwealth Ave., Suite 3600, PO Box 62535

Harrisburg, PA 17106

The Supreme Court of Pennsylvania, Office of the Prothonotary will advise the Pennsylvania Board of Law Examiners of all applications certified for formal participation in legal matters.