

**United States District Court
Northern District of Ohio
Application for Admission to Practice
(Personal Statement)**

Full Name _____ Generation (Sr., Jr., etc.) _____

Firm Name _____

Address _____

City, State, Zip _____

Telephone Number _____ Fax Number _____

Email Address (for Electronic Service) _____

Highest State Court Admitted _____

Highest State Court Admission Date _____

Highest State Court Bar Registration Number _____

Have you ever been disbarred or suspended from practice before any court, department, bureau or commission of any State or the United States, or have you received any reprimand from any such court, department, bureau or commission pertaining to your conduct or fitness as a member of the bar?

Yes (attach a separate statement with specific details) No

If you ever changed your name or been known by any other name or surname please note the former name(s) here.

If you have ever been a law clerk to a District Judge or Magistrate Judge please list the Judge's name and the applicable dates.

Check the method of admission which applies and attach the required documents.

Standard (Attorneys Residing in Ohio or Attorneys Residing Outside of Ohio that Attended the NDOH District Court Practice Seminar)

- Certificate of Good Standing not older than 30 days from Highest State Court Admitted
- Statement of Sponsors (members of the Northern District of Ohio Bar who are not related to the applicant)
- Certificate of Attendance from the NDOH District Court Practice Seminar not older than one year
- \$230.00 Check made payable to: Clerk, U.S. District Court

Out of State Reciprocity

Attorneys residing outside the State of Ohio may be granted reciprocity if they are admitted to the Bar of another U.S. District Court located outside the State of Ohio and have taken a federal district court practice seminar.

- Certificate of Good Standing not older than 30 days from Highest State Court Admitted
- Certificate of Good Standing not older than 30 days from a U.S. District Court (outside Ohio) Admitted
- Statement of Sponsors (members of the Northern District of Ohio Bar who are not related to the applicant)
- Certificate of Attendance at a Federal District Court Practice Seminar (outside Ohio)
- \$230.00 Check made payable to: Clerk, U.S. District Court

Southern District of Ohio Reciprocity

An attorney may be granted reciprocity if they have been admitted to practice in the Southern District of Ohio for at least the past two years.

- Certificate of Good Standing not older than 30 days from the Southern District of Ohio
- \$230.00 Check made payable to: Clerk, U.S. District Court

Attorneys Funded from Judiciary Appropriations and Attorneys for the United States

- Application only (Personal Statement)

Certification (All Applicants)

I certify that I have read the foregoing questions and that my answers are complete and true to the best of my knowledge. I agree to abide by all Court rules, orders and policies and procedures governing the use of the electronic filing system. I consent to receiving notice of filings pursuant to Fed. R. Civ. P. 5(b) and 77(d) and Fed. R. Crim. P. 49(b)-(d) via the Court's electronic filing system. The combination of user id and password will serve as the signature of the attorney filing the documents. I agree to protect the security of my password and I will immediately notify the Court if I learn that my password has been compromised by an unauthorized user.

Signature of Applicant

Date

Oath or Affirmation of Admission (All Applicants)

I do solemnly swear (or affirm) that as an attorney of this Court I will conduct myself uprightly, according to the law and the ethical standards of the Code of Professional Responsibility adopted by the Supreme Court of Ohio, so far as they are not inconsistent with Federal Law, and that I will support the Constitution and laws of the United States.

Signature of Applicant

Date

**Waiver of Attendance at a Northern District of Ohio
Federal District Court Practice Seminar (Out of State Reciprocity Only)**

I certify that I am familiar with the principles of the Civil Justice Reform Act of 1990, case management planning, the Federal Rules of Civil and Criminal Procedure, the local rules of the Northern District of Ohio, in their entirety, with specific attention to Section 16.4, et seq Alternative Dispute Resolution (ADR) and Section 16.1, et seq Differentiated Case Management (DCM), the latter of which includes the concepts of track assignment and case management conferences.

I have attached a certificate of attendance at a Federal District Court Practice Seminar (outside Ohio).

Signature of Applicant

Date

Attorneys will be admitted to practice before this court upon verification that all attorney admission requirements have been satisfied.

Please submit your completed application, requisite documentation and fee payment at any court location in the Northern District of Ohio or mail the application to:

Attorney Admissions
United States District Court
Northern District of Ohio
Carl B. Stokes United States Court House
801 West Superior Avenue
Cleveland, Ohio 44113-1830

**United States District Court
Northern District of Ohio
Statement of Sponsors**

I, _____ (Name) and I, _____ (Name) being members of the Bar of the United States District Court for the Northern District of Ohio and not related to the applicant, state that the applicant is personally known to us, that the applicant possesses all the qualifications required for admission to the Bar of the United States District Court for the Northern District of Ohio, that we have examined this personal statement and believe it to be correct, and we affirm that the applicant's personal and professional character and standing are good.

Signed _____

Signed _____

Sponsor 1

Sponsor 2

Firm Name

Firm Name

Address

Address

City, State, Zip

City, State, Zip

Telephone Number

Telephone Number

Email Address

Email Address

Northern District of Ohio Admission Date

Northern District of Ohio Admission Date

Highest State Court Bar I.D. Number

Highest State Court Bar I.D. Number