

United States Court of Appeals for the Armed Forces

Washington, D.C.

Application for Admission to Practice

		Personal	Information					
1.	Full Name:							
	(Please type	our name as you want it shown	on your certificate.)	_				
2.	Male or Female:		3.	Date of Bi	rth:			
4.	Military Service (if applic	ble): Rank: _						
_								
5.	Residence Address:	Street Address				Ара	ntment/	Unit #
		City		e e	State	ZIP	Code	
6.	Office Address:							
		Street Address				Apa	rtment/l	Jnit #
		City	1	S	State	ZIP	Code	
7.	Home Phone:		Work Phone:					
8.	E-mail Address:							
9.	Certificate Mailing Add	ess: Residence		Office [
10.	Federal and State Cou	s to which you are admitte	d to practice law:					
11.	Place where you are engaged in the practice of law:							
12.	Have you ever changed your name or been known by any name or surname ot surname or surname other than the name appearing on this application?						_	
	other than the name appearing on this application?						No	
	If so, state the name(s) and provide information in detail:							
13.	Have you ever been disciplined, disbarred, sanctioned, or suspended from practice before any court, department, bureau, or commission of the United States, or of any State, Commonwealth, Territory, Possession, or the District of Columbia, or have you ever received any public or private reprimands from any such entity pertaining to your conduct as a member of the bar? Yes No							
	If so, explain in detail a	d attach a separate statem	nent.					
14.	Are there any disciplina	linary proceedings pending against you?			Yes		No	
15.	Have you ever been convicted of a crime (other than a traffic violation)? Yes No				No			
	If so, explain in detail a	d attach a separate statem	ient.					

Agreement and Certification

I agree to inform the Court within 10 days of any disciplinary action taken against me by any entity described in question 13.

I certify that I have read the foregoing information and have answered them fully and frankly. The answers are complete and true to my own knowledge.

Signa	ture of Applicant Date						
Oath or Affirmation of Attorneys							
	I will take the oath or affirmation in person. (Contact the Admissions Clerk at 202-761-7364 to arrange the admission in open session of the court.)						
	I will not appear in person, but I declare as follows:						
	I do solemnly (swear)(affirm) that I will support the Constitution of the United States, and that I will conduct myself as an attorney and counselor of this Court, uprightly and according to law, so help me God.						
Signa	ture of Applicant Date						

USCAAF Bar No. (Clerk's Use Only)

NOTE 1: Applicant must submit with this completed form a check for \$50 payable to Clerk of the Court, U.S. Court of Appeals for the Armed Forces (USCAAF), together with an **ORIGINAL SIGNED** certificate from the presiding judge, clerk, or other appropriate officer of the court listed in question 10, or from any other appropriate official from the Bar of such court, that the applicant is currently a member of the Bar in good standing. The certificate must be dated within one year of the date of this application. See Rule 13 of the Court's Rules of Practice of Procedure.

Note 2: **Group Applications**: If submitting group applications for an in-court admissions ceremony, a POC must be provided to USCAAF for processing and coordination. To properly review and process applications, packages must be received no later than 2 weeks prior to requested swearing in date. Mail is inspected off site prior to arrival at USCAAF, and can be delayed for up 2 weeks or more.

The mailing address for the submission of application is: Clerk of the Court U.S. Court of Appeals for the Armed Forces 450 E Street, NW Washington, D.C. 20442-001