

UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF MICHIGAN

ATTORNEY ADMISSION INFORMATION

Thank you for your inquiry regarding admission to the bar of the U.S. District Court for the Western District of Michigan. Please be advised of the following requisites:

1. Petition for Admission (see attached);
2. An original certificate of active status and good standing issued within last 30 days from the state of the applicant's bar membership; and
3. \$175.00 fee payable to Clerk, U.S. District Court.

Upon receipt of the above, your name will be added to the list of attorneys admitted to practice in this district, and you will receive a certificate of admission. While a petition for admission will be accepted for filing in any office, the papers are forwarded to our Grand Rapids office for processing upon receipt. To expedite the process, petitions may be sent directly to Grand Rapids.

NOTE: If you are accessing the form on-line, most of it can be completed on-line. Click in the first field to be completed, then tab to the next field and so on. Also attached is a form for e-filing registration. As you complete the petition for admission form on-line, most of the e-filing registration form will simultaneously complete as well. When you have completed the forms on-line, print and sign the forms and mail them to the court.

Please be certain that you comply with all of the attorney admission requirements. Failure to comply with all of the requirements will delay the processing of your petition. Original signatures are required on all submitted paperwork (copies will not be accepted).

Prior to seeking admission, you must familiarize yourself with the Local Rules which are available on the Court's web site (www.miwd.uscourts.gov). If you have any questions, please contact the court at any office listed below:

B-35 Federal Building
410 W. Michigan Avenue
Kalamazoo, MI 49007
(269) 337-5706

P.O. Box 698
229 Federal Building
Marquette, MI 49855
(906) 226-2021

399 Federal Building
110 Michigan Street, N.W.
Grand Rapids, MI 49503
(616) 456-2381

113 Federal Building
315 W. Allegan
Lansing, MI 48933
(517) 377-1559

PETITION FOR ADMISSION
(Local Civil Rule 83.1/Criminal Rule 57.1)

**UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF MICHIGAN**

1. Name: _____
FIRST / MIDDLE / LAST

2. Residence: _____
STREET ADDRESS

CITY STATE ZIP

Firm Name: _____

Business Address: _____
ROOM / SUITE / FLOOR / BUILDING

STREET ADDRESS

CITY / STATE / ZIP

Business Telephone Number: _____

3. Social Security Number: _____ State Bar I.D. No. _____

4. Identify all courts in which you have been admitted to practice and dates of admission:

5. Have you ever been held in contempt of court, censured, disbarred or suspended from practice before any disciplinary authority or court? _____

If so, nature and disposition thereof: _____

6. Have you ever been convicted of any felony or misdemeanor? _____
 If so, explain the facts and circumstances: _____

7. Original certificate of active status and good standing (issued within the last 30 days) from _____
STATE BAR is attached.
8. ___ I am newly admitted to the State Bar of Michigan and request a waiver of the sponsorship requirement. Waiver granted _____
JUDGE'S INITIALS
9. ___ Check payable to U.S. District Court Clerk for \$175.00 is attached.

10. ___ I have read the Local Rules of the Western District of Michigan (available at www.miwd.uscourts.gov).

I swear (or affirm) that the above information is accurate and correct to the best of my knowledge and belief.

DATE _____
SIGNATURE OF APPLICANT

Statement of a sponsoring attorney of the bar of this court, stating when the sponsoring attorney was admitted to practice in this court, under what circumstances the attorney has known the applicant, that the attorney knows the applicant to be of good character and reputation, and that the attorney believes the applicant to be well qualified as a member of the bar of this court. For applicants residing in another state, the sponsor may be a judge of a court of record of that state, or a federal judge.

SPONSORING ATTORNEY NAME _____
SIGNATURE OF SPONSORING ATTORNEY OR JUDGE

DATE _____
MICHIGAN STATE BAR I.D. NO.

UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF MICHIGAN

E-FILING REGISTRATION FORM

****Please type; this will also serve as a return mailing label****

Name: _____
Firm: _____
Addr.: _____

Phone: _____

State Bar Number: _____
(and state, if not Michigan)

Date of admission to the Bar of this court: _____

****NOTE: A PACER ACCOUNT IS NECESSARY
FOR VIEWING ELECTRONIC DOCUMENTS****

This form cannot be submitted electronically.
Complete the form on-line, print a hard copy, sign it and present it to the Clerk's office at the address below. A login and password for access to the electronic case filing system will be issued to you upon receipt of the fully-completed form. **All of this information is required and must be supplied, including your original signature.**

Primary e-mail address: _____
(Attorney's e-mail for electronic service)

Secondary e-mail address: _____
(Central repository, Secretary, etc.)

E-mail software used: _____
(i.e., Outlook, Groupwise, etc.)

I have an existing PACER account.
My firm has an existing PACER account.

I already have an ECF login that I use in _____, which is _____;
(Name of Other District) (Login)
please assign the same login for my use in the Western District of Michigan.

The information contained in this box will be maintained confidentially, and is necessary for security/confirmation purposes:

Social Security Number: _____ Mother's Maiden Name: _____

BY COMPLETING THIS FORM, ATTORNEYS CERTIFY THAT THEY ARE MEMBERS IN GOOD STANDING OF THE BAR OF THIS COURT AND THAT THEY ARE FAMILIAR WITH W.D. Mich. LCivR 5.7 and LCrR 49.10, AS APPLICABLE TO THEIR PRACTICE, WHICH MAY BE FOUND AT:

www.miwd.uscourts.gov

By registering under this rule, attorneys consent to electronic service of all electronically filed documents. See W.D. Mich. LCivR 5.7(h)(ii) and LCrR 49.10(h)(ii).

Attorney's Signature: _____

****YOUR LOGIN AND PASSWORD WILL BE MAILED TO YOU UPON OUR PROCESSING OF THIS FORM****

Return this form ***via hand delivery***
or via mail only to:

Clerk, U.S. District Court
E-Filing Registration
399 Federal Building
110 Michigan St., N.W.
Grand Rapids, MI 49503

COURT USE ONLY:

E-Filing Login Assigned: _____

E-Filing Password Assigned: _____

- | | |
|---|---|
| <input type="checkbox"/> Confirmation e-mail sent | <input type="checkbox"/> E-mail confirmed by attorney |
| <input type="checkbox"/> Attorney's e-mail record updated | <input type="checkbox"/> UR registered e-mail sent |
| <input type="checkbox"/> Copy of form mailed to attorney | |