UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF WISCONSIN

Application for Admission to Practice (Please file via Pacer)

NAME		FIRM	TELEPHONE:	
LAST	FIRST	M.I.		
FIRM NAME				
FIRM ADDRESS	STREET/SUITE/P.O. BOX	CITY	STATE	ZIP
STATE BAR NO		FA	X NUMBER:	
I have been admitted t	to practice in the following n	amed courts on the dat	es indicated:	
Supreme Court of the U	Inited States on			
Highest Court of the St	ate of	on		
U.S. District Court for	the	District of	0	n
U.S. Court of Appeals t	for the		_ Circuit on	_
Dated:	Applicant's Sig	gnature:		
Above named applicant	t admitted to practice this	d	ay of	_,
	Clerk			
I take this obligation fr Attorney and Counselor to law.	ell enemies, foreign and domesti reely without any mental reserve of the United States District Co	vation or purpose of eva ourt for the Eastern Distric	sion; and that I will de et of Wisconsin, uprightl	mean myself as y and according
-				
		ant's Signature		
Subscribed and sworn t	o before me this	day of		
Notary's Signature			Title	
	PROOF OF ELIGI	BILITY (for court use	only)	
The following proof of	eligibility was presented to me	and found satisfactory:		
Certificate of Good Sta	nding from		dated	
Affidavit of		dated _		
Oral motion and attesta	tion of	date	ed	
	Clerk			