### **UNITED STATES DISTRICT COURT**



WESTERN DISTRICT OF WASHINGTON
OFFICE OF THE CLERK
U.S. COURTHOUSE
700 STEWART STREET, SUITE 2310
SEATTLE, WASHINGTON 98101
(206) 370-8400

RAVI SUBRAMANIAN
District Court Executive
Clerk of Court

ERIC SMITS
Chief Deputy Clerk

# INSTRUCTIONS FOR COMPLETION OF PETITION FOR CONDITIONAL ADMISSION TO PRACTICE

Complete and return the fillable Petition for Conditional Admission to Practice, which includes:

- Petition to Practice.
- Self-administered Oath of Attorney, (signed and dated by the Petitioner as an Officer of the Court).
- Verification required by Western District of Washington Assistant US Attorney or Federal Public Defender.
- Court's Case Management/Electronic Case Filing (CM/ECF) application agreement.

Submit completed Petition for Conditional Admission to Practice by uploading to <a href="mailto:pacer.uscourts.gov">pacer.uscourts.gov</a> as directed on the <a href="mailto:Conditional Admissions">Conditional Admissions</a> page (see <a href="mailto:Conditional Admissions">Conditional Admissions</a> Guide).

Upon successful review of the Petition for Conditional Admission to Practice, an admissions confirmation will be emailed, followed by a Certificate of Admission.

For questions, please contact the attorney admissions clerk.

Phone: 206-370-8433

E-mail: WAWD Admissions@wawd.uscourts.gov

### PETITION FOR CONDITIONAL ADMISSION TO PRACTICE

COMES NOW , a	member
good standing of the bar of (include bar number and state)	,
nd respectfully petitions the Court, pursuant to Local Rule 83.1, for conditional admi	ission to
ractice before the Bar of this Court as an employee of the United States representing o	ne of its
gencies. In support of said petition, the Petitioner states as follows:	
Petitioner's residence address is:	
Petitioner's home telephone is:	
Petitioner is currently employed by the United States as an Attorney for (na	me of
agency):	
Agency Address:	
Agency phone number is:	
Agency email address is:	
Petitioner's general and legal education are as follows:	

From the time of Petitioner's admission to the bar of

(as indicated above) on

(date), Petitioner has been

engaged in the practice of law at (agency name and address):

Petitioner seeks conditional admission, pursuant to Local Rule 83.1, as an attorney for

the United States representing one of its agencies. The circumstances necessitating

Petitioner's conditional admission to the Bar of this Court are as follows:

Verification that Petitioner is an attorney for the United States by an Assistant United

States Attorney or Federal Public Defender for this District is attached.

Petitioner certifies that they have read and are familiar with the Federal Rules of Civil and

Criminal Procedure and the Local Rules of this Court.

WHEREFORE, Petitioner herein respectfully petitions that they be conditionally

admitted to practice before the Bar of the United States District Court for the Western District of

Washington.

US District Court – Petition for Conditional Admission Revised: 7/9/2024

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#### **OATH OF ATTORNEY**

I solemnly swear that I will support and defend the Constitution and the laws of the United States of America against all enemies, foreign and domestic; that I will and faithfully discharge my duties as a lawyer, counselor, and proctor of this Court; and that I will maintain the respect due to the courts of justice and judicial officers and I will demean myself uprightly and accordingly to law and recognized standards of ethics of the legal profession.

Petitioner herein, being first duly sworn, on oath deposes and says: That they have read the foregoing petition and that the facts stated therein are true of Petitioner's own knowledge.

I, , declare under penalty of perjury under the laws of the State of Washington and the United States, that the foregoing is true and correct to the best of my knowledge and belief.

DATED this day of 20 .

Petitioner's Signature

Bar No.

# VERIFICATION OF ASSISTANT UNITED STATES ATTORNEY OR FEDERAL PUBLIC DEFENDER

	l,							, h	ereby	/ ver	ify that I
am an	Assistant	United	States	Attorney	or	Federal	Public	Defender	for	the	Western
District	of Washin	gton.									
	I verify that							is a	an Ai	ttorne	ey for
the Unit	ted States.										
I	DATED at					, W	ashingto	on this		day	of
				, 2	20						
						stant Uni		es Attorney	or F	ede	ral



## ATTORNEY REGISTRATION FORM for the ELECTRONIC CASE FILING SYSTEM (CM/ECF)

L	Last Name:	First Name:	Middle Name:					
ļ	Attorney Bar # and State:							
B	y submitting this registration form, the unde	rsigned understands and agrees to t	the following:					
1.	. The CM/ECF system is to be used for filing	and reviewing electronic documents	s, docket sheets, and notices.					
2.	. The PACER password, combined with your and 11. Therefore, you are responsible for		er Federal Rules of Civil Procedure 5(d)(3)(C) rd against unauthorized use.					
3.	If you have any reason to suspect that your password has been compromised in any way, you are responsible for immediately notifying the court. Court staff will assess the risk and advise accordingly.							
	personal service or first-class mail pursu	ant to Federal Rule of Civil Proced	y and waive your right to receive notice by lure 5(b)(2)(C), except with regard to service of electronic notice of the entry of an order or					
5.			ngton's website or through the Public Access to ired to electronically file. You can register for PACE	ĒΚ				
6.	, ,		e rules and regulations in the most recent General changes or additions that may be made to such					
	Signature (typ	e "s/" and your name)	Date Signed					