Name, Address, Telephone No. & I.D. No.

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF CALIFORNIA
325 West F Street, San Diego, California 92101-6991

In Re Debtor.	BANKRUPTCY NO.
Plaintiff(s)	ADVERSARY NO.
v. Defendant(s)	Date of Hearing: Time of Hearing: Name of Judge:

PRO HAC VICE APPLICATION AND ORDER THEREON

The court orders as set forth on the continuation pages attached and numbered _____ through _____ with exhibits, if any, for a total of _____ pages.

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DATED:

_____
Judge, United States Bankruptcy Court

Party Represented: _____

I, _____, hereby petition the above-entitled court to permit me to appear
(Applicant)
and participate in this case/adversary proceeding and in support of petition state:

My firm name: _____

Street address: _____

City, State, ZIP: _____

Phone number: _____

My State Bar Membership Number is _____

That on _____, I was admitted to practice before _____
(Date) (Name of Court)

and am currently in good standing and eligible to practice in said court,

that I am not currently suspended or disbarred in any other court,

that I [ ] have [ ] have not concurrently or within the year preceding this application made any pro hac vice application to this court.

(If previous application made, complete the following)

Title of Case: _____

Case Number: _____ Date of Application: _____

Application [ ] granted [ ] denied

I declare under penalty of perjury that the foregoing is true and correct.

Dated:

_____
Signature of Applicant

DESIGNATION OF LOCAL COUNSEL

I hereby designate the below named as associate local counsel.

Name: _____

Firm: _____

Address: _____

City, State & ZIP Code: _____

State Bar Membership No.: _____

Phone No.: _____

Dated:

_____
Signature of Applicant

I hereby consent to the above designation.

Dated:

_____
Signature of Designee Attorney

Received $206.00 for Court Library fee

_____, Deputy Clerk

PRO HAC VICE (for this one particular occasion)

An attorney who is not a member of the California State Bar, but who is a member in good standing of, and eligible to practice before, the bar of any United States Court or of the highest court of any State or of any Territory or Insular possession of the United States, who is of good moral character, and who has been retained to appear in this Court, be permitted to appear and participate in a particular case. An attorney is not eligible to practice pursuant to this paragraph if any one or more of the following apply to him/her: (1) he/she resides in California, (2) he/she is regularly employed in California, or (3) he/she is regularly engaged in business, professional, or other activities in California.

The pro hac vice application shall be presented to the Clerk and shall state under penalty of perjury (1) the attorney's residence and office address, (2) by what court he/she has been admitted to practice and the date of admission; (3) that he/she is in good standing and eligible to practice in said court; (4) that he/she is not currently suspended or disbarred in any other court; and (5) if he/she has concurrently or within the year preceding his/her current application the attorney made any pro hac vice application to this court, the title and the number of each matter wherein he/she made application, the date of application, and whether or not his/her application was granted. He/She shall also designate in his/her application a member of the bar of this Court with whom the Court and opposing counsel may readily communicate regarding the conduct of the case and upon whom papers shall be served. He/She shall file with such application the address, telephone number, and written consent of each designee.

Fee: $206.00, Library fee, payable to Clerk, United States District Court
Please complete and return the library card with this application.

Application, fee and library card should be mailed directly to:

Clerk, US District Court
333 West Broadway, Ste. 420
San Diego, California 92101-8900

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA

PRO HAC VICE

APPLICANT _____
(Please print)

STATE BAR #_____ STATE_____

FIRM NAME_____
(Mailing address)

_____

_____

_____
(Telephone)

_____
(Signature)

COURT USE ONLY
FEES PAID

_____ _____
(Date) (Amount)

_____
(Initials)