

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS
(www.mad.uscourts.gov)

ATTORNEY RE-REGISTRATION FORM

Please type or print legibly

NAME: _____
(Last) (Generation) (First) (Middle Initial)

*If admitted to the Massachusetts State Bar or the United States District Court Bar
under a different name, please indicate below:*

(Last) (Generation) (First) (Middle Initial)

DATE OF BIRTH: _____ SSN#: _____

Law Firm: _____

Building/Suite: _____

Street Address: _____

City, State, ZIP: _____

Telephone: _____ Fax: _____

E-Mail: _____

DATE ADMITTED TO THE DISTRICT OF MASSACHUSETTS FEDERAL BAR: _____

DATE ADMITTED TO THE MASSACHUSETTS STATE BAR: _____ BBO# _____

CURRENT STATUS WITH THE MASSACHUSETTS STATE BAR: Active Suspended Disbarred In-Active

If your status is "suspended", what is your anticipated date of reinstatement to the bar: _____

I hereby certify that: (1) I am currently in good standing as an attorney admitted to practice before the Supreme Judicial Court of Massachusetts [unless indicated otherwise in the current status section above] (2) I am familiar with the Local Rules of this District, and (3) the information contained in this application is true and correct.

SIGNATURE: _____ DATE: _____

ATTORNEYS ADMITTED PRIOR TO 2001 SHOULD MAIL OR HAND DELIVER THIS FORM TOGETHER WITH A \$25.00 CHECK OR MONEY ORDER MADE PAYABLE TO "CLERK, UNITED STATES DISTRICT COURT":

Clerk, United States District Court
Attn: Attorney Re-registration
John Joseph Moakley United States Courthouse
1 Courthouse Way
Suite 2300
Boston, MA 02210

Fee waived for attorneys admitted after January 1, 2001

Clerk's Office Use Only

Date received:	\$25.00 fee receipted:	Admission verified:	Record updated: