State Bar of New Mexico
Est. 1886

Office of the General Counsel
PO Box 92860, Albuquerque, NM 87199-2860
5121 Masthead St NE, Albuquerque, NM 87109

Office Use Only
ID#: _____
CAID#: _____
Registration: _____

REGISTRATION CERTIFICATE OF NON-ADMITTED LAWYER

(Admission Pro Hac Vice)

I, _____ (Non-admitted Lawyer), certify pursuant to Rule 24-106 NMRA the following:

Attorney Information

Attorney's Name: _____ City, State, Zip: _____
Attorney's Firm: _____ Telephone: _____
Street: _____ E-mail: _____

Action/Suit/Proceeding or Matter

Bold/Underlined Required

Title of case/Client Name/Identifier: _____
Local Counsel Name and Bar ID: _____
Case # (if any): _____ Court (if any): _____

Attorney Certification *(check all that apply)*

***Please note, in accordance with Rule 24-106(B) NMRA, all information associated with pro-hac vice filings is publicly available.**

1. ❑ The following is a comprehensive list of every state or country in which I am admitted or licensed:
   _____
2. ❑ I am including certificates of good standing from every state or country in which I am admitted or licensed.
3. ❑ I have not been disciplined, suspended, or disbarred in any jurisdiction.
4. ❑ I have not had a pro hac vice admission revoked in any jurisdiction
   * If you have been disciplined, suspended, disbarred, or had a pro hac vice admission revoked in any jurisdiction, you must submit the details of the same with this application for review and recommendation by the Disciplinary Board. (see 24-106(C) NMRA)
5. ❑ I will comply with the applicable statues, laws and procedural rules of the State of New Mexico including rules noted in Rule 24-106(B)(5) NMRA.
6. ❑ I will submit to the jurisdiction of the New Mexico courts and the Disciplinary Board with respect to acts and omissions occurring during my admission under this rule.
7. ❑ I am submitting my _____ registration certificate of this calendar year. Including corresponding fee of:
   (1st–5th)
   ❑ $500 1st ❑ $375 2nd ❑ $375 3rd ❑ $375 4th ❑ $375 5th
8. ❑ I am making a Rule 24-106 (D) NMRA fee waiver certification. (Explanation attached)

_____
Attorney Signature

STATE of_____)
)ss.
County of _____)

Notary Stamp

SUBSCRIBED AND SWORN TO before me this _____day of _____ 20_____

by _____. My commission expires: _____
Attorney Name

_____
NOTARY PUBLIC

Credit Card

Credit Card #: _____ Exp. Date: _____
Name on Card _____ Zip Code _____
Email Address for receipt _____

FOR OFFICE USE ONLY

Return to either address above with your check payable to **State Bar of New Mexico** or pay by credit card and secured fax to 505-828-3765.