STATE BAR of NEW MEXICO
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: _____
Case # (if any): _____ Court (if any): _____

Attorney Certification *(check all that apply)*

1. ❑ I am admitted or licensed as an attorney in good standing in: _____
   Enclosed is a Certificate of Good Standing from every State or Country in which I am admitted.
2. ❑ I have not been disciplined, suspended, or disbarred in any jurisdiction.
3. ❑ 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 vive admission revoked in any jurisdiction, you must submit the details of the same to the Disciplinary Board for investigation and recommendation to the court in which you seek to practice pro hac vice. (see 24-106 (C) NMRA)
4. ❑ I will comply with applicable statues, laws and procedural rules of the State of New Mexico.
5. ❑ I will comply with the applicable rules as 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
   ❑ $450 1st ❑ $275 2nd ❑ $275 3rd ❑ $275 4th ❑ $275 5th
8. ❑ I am making a Rule 24-106 (D) NMRA fee waiver certification. (Explanation attached)

_____
Attorney Signature

Notary Stamp

STATE of_____)
)ss.
County of _____)

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

by _____. My commission expires: _____

_____
NOTARY PUBLIC

Credit Card

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

FOR OFFICE USE ONLY

Return registration certificate to the address above with your check or pay by credit card and secured fax to 866-767-7281.