Application to Practice United States District Court for the Southern District of Texas

1.	First/Middle/Last Name:		DOB:		
2.	Home address:				
3.	Firm name:				
4.	Firm Address: Street:				
	City:	State:	Zip Code:		
5.	Firm Telephone:				
6.	E-mail for electronic service:				
7.	Identify a state bar in which you are admitted.				
	State:Number:				
8.	Identify a United States District Court bar of which you are a member (ifapplicable)				
	District:	Number:			
9.	Have you ever been the subject of discipline by a court or bar? \Box Yes \Box No If yes, please attach a description and a copy of the final disposition.				
10.	Attach a copy of any conviction of a misdemeanor involving moral turpitude or any felony.				
11.	If you responded to item nine or ten, attach all information you feel would assist the court in determining your fitness to practice law in this district.				
By s	ubmitting this form, I agree to ab	ide by these rules:			
•	the court. Use of my login and password purposes of the Federal Rules of I am responsible for all use of I	constitutes my signature of Civil Procedure and the Implementation of the control	ts and notices through the court's		
Subs	cribed under penalty for perjury.				
Sion	nature of Attorney	 Date			

OATH OF ATTORNEY

I,	, do solemnly swear [affirm	n] that I will discharg	ge the duties of attorney and
counselor of this court faithfully of our profession, and that I will			_
of our profession, and that I will	support and defend the ec	distitution of the On	nica States.
Signature of Attorney		Date	
SUBSCRIBED AND SWORN 7	ΓΟ BEFORE ME, this	day of	, 20
	(SEAL)		
The oath shall be swo	orn before a United States J	udicial Officer, Dep	outy Clerk, or Notary Public.
	Signature:		
COURT USE ONLY: The state b	ar reports that the applicant	t's status is:	<u>.</u>
Dated:	Signed	1:	
		Deputy (Clerk