

OFFICE OF THE CLERK

PATRICIA S. DODSZUWEIT  
CLERK

**UNITED STATES COURT OF APPEALS**

FOR THE THIRD CIRCUIT  
21400 UNITED STATES COURTHOUSE  
601 MARKET STREET  
PHILADELPHIA 19106-1790

TELEPHONE  
215-597-2995

Website: <http://www.ca3.uscourts.gov>

**ATTORNEY ADMISSION  
RENEWAL / ADJUSTMENT OF STATUS FORM**

Pursuant to Rule 17 of the [Rules of Attorney Disciplinary Enforcement](#) (“R.A.D.E.”) (effective July 1, 2015), this form must be completed by: (1) attorneys admitted to practice before the bar of the Court of Appeals for the Third Circuit who have not entered an appearance within the past five years; and (2) attorneys requesting to adjust their status.

All applicants filing this form must complete Section I in its entirety. Section II through V should be completed where applicable. The completed form must be emailed by selecting the *Submit by Email* button located at the top of this form or printed by selecting *Print Form* button, scanned and emailed to [attyadmissions@ca3.uscourts.gov](mailto:attyadmissions@ca3.uscourts.gov). Counsel may insert an electronic signature or use s/ attorney’s name for submitting the form by email. If the form cannot be emailed, the printed form can be signed and mailed to the Clerk in hard copy.

**I. TO BE COMPLETED BY ALL APPLICANTS**

Full Name: \_\_\_\_\_

State Court Bar Membership(s) and Bar Number(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Federal Court Bar Membership(s) and Bar Number(s) (if applicable):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Last 4 Digits of Social Security #: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Please check if your personal information (i.e. name, address, e-mail address, phone number) has been changed.

Date of Admission to Third Circuit Court of Appeals: \_\_\_\_\_

Please check if you may have been admitted under a different name and list the original name or possible names for admission:

\_\_\_\_\_

All of the information I have provided in this form is true and correct to the best of my knowledge, information, and belief.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **II. REQUEST TO RENEW ACTIVE STATUS**

To be completed by attorneys who have not appeared in a case within the past five years and wish to continue to remain in active status in the rolls of the Court. Place an X beside this selection.

I request to renew active status. I acknowledge that it is my responsibility to advise the Clerk if my contact information changes. I understand that this renewal is valid for a period of five years from the date of this form unless I enter an appearance within that time. See [R.A.D.E. 17.2](#).

Signature: \_\_\_\_\_

**III. REQUEST TO RETURN TO ACTIVE STATUS**

To be completed by attorneys who have been marked inactive or retired but wish to resume active status in the Court of Appeals. Place an X beside this selection and sign the following statement under penalty of perjury.

I request to adjust my status from:

inactive to active status

retired to active status.

I, \_\_\_\_\_, hereby state under penalty of perjury that, to the best of my knowledge, I am not currently subject to any criminal conviction or disciplinary sanction by any state or federal bar of which I am a member.

Signature: \_\_\_\_\_

**IV. REQUEST TO ADJUST FROM ACTIVE TO ANOTHER STATUS**

To be completed by attorneys who wish to be marked inactive or retired in the rolls of the Court. Place an X beside the appropriate selection.

I request the Clerk to adjust my status to inactive.

I request the Clerk to adjust my status to retired.

I acknowledge that any future request to return to active status is governed by [R.A.D.E. 17.6 and 17.7](#).

Signature: \_\_\_\_\_

**V. OTHER**

To be completed by any individuals directed by the Clerk's Office to file this form but who believe they were contacted in error; *i.e.*, because they appeared in a case within the past five years ([R.A.D.E. 17.2](#)) or for any other reason. If you have entered an appearance in a case please include the case number. Note that [R.A.D.E. 17.2](#) provides,

“For ease of administration, the 5 year period runs from the last date of an entry of appearance, not from the date a case was closed.”

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

04/02/2018