

Note: Only one applicant and case per coversheet. Please print or type. Your cancelled check serves as your receipt. This form must be filed together with a copy of the motion and payment of the **\$478 nonrefundable fee** to:

Washington State Bar Association
1325 4th Ave. Ste 600
Seattle, WA 98101-2539

1. Applicant Seeking Admission:

Full Name: _____

Employer Name: _____

Business Address: _____

Business Phone: _____ Email: _____

Licensed in State: _____ Bar Number: _____

I qualify for the indigent military ICWA exception as provided for in APR 8(b).

2. Associated Washington Lawyer:

Full Name: _____

Employer Name: _____

Business Address: _____

Business Phone: _____ Email: _____

Licensed in State: _____ Bar Number: _____

3. Case for Which Admission Is Sought:

Case No.	Court	Name of Case
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4. Application Fee Paid By: _____

For Credit Card Payment: Note: Our service provider will charge you a separate, non-refundable transaction fee of 2.5% on all bank card transactions. There is no transaction fee if you mail in a check.

MC/Visa/Amex No: _____ Exp.: _____
(Circle One)

Billing Address (if different from above): _____

Street or PO Box

City State Zip Code

Name on Card: _____ Signature: _____

(Please Print)

<i>For office use only – Pro Hac Vice Fees – 42290 – ADMISS</i>	
Date _____	Amount \$ _____
Check No. _____	App. No. _____