



Oregon

Kate Brown, Governor

OFFICE OF ADMINISTRATIVE HEARINGS

PO Box 14020

Salem, OR 97309

(503) 947-1918

FAX (503) 947-1920

In re: _____) **Certificate of Compliance**
Name of Out-of-State Attorney) **For Pro Hac Vice Admission**

I, _____ (print), am an attorney in the State of _____, and I intend to seek *pro hac vice* admission in accordance with ORS 9.241, OAR 137-003-0550 and UTCR 3.170 in the following Office of Administrative Hearings proceeding:

Case Name: _____

Case No.: _____ **Agency Name** _____

I certify that (check all that apply):

- I am an attorney in good standing in the State of _____, as evidenced by the attached good standing certificate issued by the licensing authority in that state.
 - I am not subject to any pending disciplinary proceedings in any jurisdiction; **or**
 - I am subject to pending disciplinary proceedings in another jurisdiction, the nature and status of which are described in an attachment to this certificate.
- I intend to associate in the above-referenced proceeding with _____, OSB No. _____, an active member in good standing of the Oregon State Bar, who will participate meaningfully in the matter.
- I will comply with applicable statutes, laws, and procedural rules of the State of Oregon; be familiar with and comply with disciplinary rules of the Oregon State Bar; and submit to the jurisdiction of the Oregon courts and Oregon State Bar with respect to acts and omissions occurring during my *pro hac vice* admission.
- My private law practice activities in Oregon are covered by professional liability insurance substantially equivalent to the Oregon State Bar Professional Liability Fund plan, as evidenced by the attached certificate of insurance coverage.
- I agree, as a continuing obligation of *pro hac vice* admission, to promptly notify the Agency and the Office of Administrative Hearings of any changes in my insurance coverage, or my admission or disciplinary status in any other jurisdiction.
- I will provide to the Oregon State Bar a copy of the order admitting me *pro hac vice* in this matter when such an order is granted. In the event *pro hac vice* admission is revoked, I will promptly notify the Oregon State Bar.
- I acknowledge this application is for a period of twelve months from the date of the approval and new application must be submitted to continue my *pro hac vice* admission in the matter for every twelve-month period thereafter.

Dated this _____ day of _____, 20____.

X _____
(Applicant Signature)

Mailing Address: _____

_____ Bar No.: _____
(Home Jurisdiction)

Phone: _____
FAX: _____
Email: _____

APPLICATION APPROVAL STATUS: **APPROVED** **NOT APPROVED**

Dated this _____ day of _____, 20____.

Signature

Printed Name

Printed Title