Do not staple

The State Bar of California
Office of Admissions
180 Howard Street · San Francisco, CA 94105-1639
(415) 538-2325 · mjp@calbar.ca.gov

FOR OFFICIAL USE ONLY

☐ $_____

☐ No Payment

9.46

ID #:_____

Application #:_____

Out-of-State Attorney Registered In-House Counsel Program Application

You must register as an Attorney Applicant with the State Bar's Office of Admissions prior to submitting this application.

Registrant Information

Type or Print Clearly

Last Name: _____ First Name: _____ Middle Name: _____

Date of Employment as an In-House Counsel: _____

Employer (Institution): _____

*Address: _____

City: _____ State: _____ Zip: _____ + _____

Phone: ( ) - Fax: ( ) - E-mail: _____

Date of Birth: _____ Place of Birth: _____

Undergraduate School: _____ City, State: _____

Law School: _____ City, State: _____

***As a registered In-House Counsel, your address of record is public information subject to disclosure upon request and also posted on the State Bar's Web site.**

Employer Contact: _____

Phone: ( ) - Fax: ( ) - E-mail: _____

Application Attachments

- ☐ A: Attorney Declaration
- ☐ B: Declaration of Qualifying Institution
- ☐ C: Admissions/Standing List
- ☐ Application for Determination of Moral Character (in a sealed envelope) – including at least one original Certificate of Good Standing
- ☐ $550 Application Fee
- ☐ $476 Moral Character Determination Fee

Make Check Payable to "State Bar of California." Application Fee and Moral Character Fee may be paid with one check.

MAIL TO:

The State Bar of California
MJP Program
Office of Admissions
180 Howard Street
San Francisco, CA 94105-1639

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***Attachment A* - Attorney Declaration**

a. I am currently a member in good standing of and eligible to practice law in at least one jurisdiction in the United States.

b. I am not suspended, disbarred or resigned with charges pending from any professional occupational disciplinary agency or licensing board.

c. I agree to be subject to the disciplinary authority of The Supreme Court of California and The State Bar of California with respect to the law of The State of California governing the conduct of attorneys, to the same extent as a member of The State Bar of California.

d. As Registered In-House Counsel, I will practice law for a SINGLE Qualifying Institution in California which employs me.

e. I understand that I may qualify to simultaneously practice law under the Registered Legal Services Attorney Program.

f. I currently reside in California.

g. I will not provide personal or individual representation to any customers, shareholders, owners, partners, officers, employees, servants, or agents of the Qualifying Institution.

h. I will not make court appearances in California state courts or engage in any other activities for which Pro Hac Vice admission is required.

i. I agree that in my first year of practice under the Registered In-House Counsel Program, I will satisfy all of the Minimum Continuing Legal Education requirements that members of The State Bar of California must complete every 3 years and thereafter satisfy the Minimum Continuing Legal Education Requirements applicable to all members of The State Bar of California.

j. I will notify The State Bar of California in writing within 30 days of a change in any information provided in my application, including my address, employment at a qualifying institution, or eligibility to practice law in another jurisdiction. Eligibility would be changed by a suspension, resignation with or without charges pending, disbarment, or its functional equivalent.

k. I will provide The State Bar of California with a forwarding address to which any notices or papers may be mailed within 30 days of cessation of employment by the Qualifying Institution.

l. I am aware that filing a certificate containing false information or otherwise failing to comply with the standards of professional conduct required of members of The State Bar of California or the rules governing Registered In-House Counsel will subject me to the disciplinary jurisdiction of The State Bar of California.

I declare under penalty of perjury under the laws of The State of California that the foregoing application and any attachments to it are true and correct.

Date: _____ Print Name: _____

Signature: _____

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Out-of-State Attorney Registered In-House Counsel Program Application
***Attachment B* - Declaration of Qualifying Institution**

Eligibility Status:

Type or Print Clearly

I am a(n): ☐ Officer ☐ Director ☐ General Counsel

of Institution Name: _____

Name (Individual Referenced Above): _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____ + _____

Phone: ( ) - _____ Fax: ( ) - _____ E-mail: _____

Applicant Name: _____ is employed as In-House Counsel for the institution referenced above.

The Effective Date of Applicant's Employment: _____

Employer Contact: _____

Phone: ( ) - _____ Fax: ( ) - _____ E-mail: _____

The institution referenced above is a Qualifying Institution which is defined by California Rules of Court, rule 9.46 as a corporation, a partnership, an association, or other legal entity and is not a government agency and DOES NOT provide legal services to others.

☐ This institution employs at least 10 full-time employees in the State of California. (# of employees:_____)

OR

☐ This institution employs the following California attorney who is an active member in good standing of the State Bar of California.

Name: _____ Bar Number: _____

I will notify the State Bar within 30 days if the eligibility status listed above changes or if the applicant's employment ceases.

To the best of my knowledge and after reasonable inquiry, I believe that the applicant is of good moral character and qualifies for registration under California Rules of Court, rule 9.46 and the Registered In-House Counsel Program Rules.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____ Signature: _____

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Out-of-State Attorney Registered In-House Counsel Program Application
***Attachment C* - Admissions/Standing List**

Date: _____ Print Name: _____

Date Admitted	Member Number	State/Court (e.g. Ohio or USDC or 9th Circuit)	Status (e.g. 'Active')	Prior Discipline Record *If 'Yes' Attach Details*
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

☐ **Check here if additional sheets listing details of prior record of discipline are attached.**