

Do not staple



**The State Bar of California**  
Office of Special Admissions/Specialization  
180 Howard Street · San Francisco, CA 94105-1639  
(415) 538-2325 · [mjp@calbar.ca.gov](mailto:mjp@calbar.ca.gov)

FOR OFFICIAL USE ONLY	
<input type="checkbox"/> \$ _____	<b>9.46</b>
<input type="checkbox"/> No Payment	
ID #: _____	
Application #: _____	

### Out-of-State Attorney Registered In-House Counsel Program 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
- \$431 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 Special Admissions/Specialization**  
**180 Howard Street**  
**San Francisco, CA 94105-1639**



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**Out-of-State Attorney Registered In-House Counsel Program Application**  
**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			
				<i>If 'Yes' Attach Details</i>			
_____	_____	_____	_____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
_____	_____	_____	_____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
_____	_____	_____	_____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
_____	_____	_____	_____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
_____	_____	_____	_____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
_____	_____	_____	_____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
_____	_____	_____	_____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
_____	_____	_____	_____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
_____	_____	_____	_____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
_____	_____	_____	_____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
_____	_____	_____	_____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
_____	_____	_____	_____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
_____	_____	_____	_____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
_____	_____	_____	_____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
_____	_____	_____	_____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
_____	_____	_____	_____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
_____	_____	_____	_____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
_____	_____	_____	_____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

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