In the Iowa Supreme Court			
	Case no.		
Plaintiff(s) Full name: first, middle, last			
vs.	Application for Admission Pro Hac Vicelowa Supreme Court Iowa Court Rule 31.14		
Defendant(s) Full name: first, middle, last			
1. Application			

The undersigned seeks permission to appear pro hac vice in the above-captioned proceeding. Applicant shall complete all of the following:

Did the applicant seek admission pro hac vice in the proceedings below?	🗌 No
If yes, attach copies of all related documents.	

a. Applicant's full name, residential address, email address, and business address.

Full name: first, middle, last	Email address		
Mailing address	City	State	ZIP code
Business address	City	State	ZIP code

b. The name, address, and phone number of each client sought to be represented.

- c. The courts before which the applicant has been admitted to practice and the respective periods of admission and any jurisdiction in which the out-of-state lawyer has been licensed to practice as a foreign legal consultant and the respective period of licensure.
- d. Has the applicant ever been denied admission pro hac vice in this state?

🗌 Yes		No
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If yes, on a separate page specify the caption of the proceedings, the date of the denial, and what findings were made. Attach copies of all related documents.

e. Has the applicant ever had admission pro hac vice revoked in this state?

If yes, on a separate page specify the caption of the proceedings, the date of the denial, and what findings were made. Attach copies of all related documents.

f. Has the applicant ever been denied admission in any jurisdiction for reasons other than failure of a bar examination?

If yes, on a separate page specify the caption of the proceedings, the date of the denial, and what findings were made. Attach copies of all related documents.

g. Has the applicant ever been formally disciplined or sanctioned by any court in this state?
Yes No

If yes, on a separate page specify the nature of the allegations, the name of the authority bringing such proceedings, the caption of the proceedings, the date filed, what findings were made, and what action was taken in connection with those proceedings. Attach copies of all related documents.

h. Has the applicant ever been the subject of any injunction, cease-and-desist letter, or other action arising from a finding that the applicant engaged in the unauthorized practice of law in this state or elsewhere? Yes No

If yes, on a separate page specify the nature of the allegations, the name of the authority bringing such proceedings, the caption of the proceedings, the date filed, what findings were made, and what action was taken in connection with those proceedings. Attach copies of all related documents.

i. Has any formal, written disciplinary proceeding ever been brought against the applicant by a disciplinary authority or unauthorized practice of law commission in any other jurisdiction within the last five years? Yes No

If yes, on a separate page specify as to each such proceeding: the nature of the allegations, the name of the person or authority bringing such proceedings, the date the proceedings were initiated and finally concluded, the style of the proceedings, and the findings made and actions taken in connection with those proceedings. Attach copies of all related documents.

j. Has the applicant ever been placed on probation by a disciplinary authority in any other jurisdiction?

If yes, on a separate page specify the jurisdiction, caption of the proceedings, the terms of the probation, and what findings were made. Attach copies of all related documents.

 k. Has the applicant ever been held formally in contempt or otherwise sanctioned by any court in a written order in the last five years for disobedience to the court's rules or orders? ☐ Yes ☐ No

If yes, on a separate page specify the nature of the allegations, the name of the court before which such proceedings were conducted, the date of the contempt order or sanction, the caption of the proceedings, and the substance of the court's rulings. Attach to this application a copy of the written order or a transcript of the oral ruling and other related documents.

I. Has the applicant filed an application to appear pro hac vice in this state within the preceding two years? Yes No

If yes, on a separate page list the name and address of each court or agency and a full identification of each proceeding in which an application was filed, including the date and outcome of the application. Attach copies of all related documents.

m. The applicant acknowledges familiarity with the rules of professional conduct, the disciplinary procedures of this state, the standards for professional conduct, the applicable local rules, and the procedures of the court before which the applicant seeks to practice. \Box Yes \Box No

n. List the name, address, telephone number, and personal identification number of an in-state lawyer in good standing of the bar of this state who will sponsor the applicant's pro hac vice request.

Lawyer's name	PIN	Em	ail address	
Lawyer's address		City	State	ZIP code

- The applicant acknowledges that service upon the in-state lawyer in all matters connected with the proceedings will have the same effect as if personally made upon the applicant.
 Yes
 No
- p. If the applicant has appeared pro hac vice in this state in five proceedings within the preceding two years, the applicant must, on a separate page, provide a statement showing good cause why the applicant should be admitted in the present proceeding.
- q. On a separate attached page, the applicant must provide any other information the applicant deems necessary to support the application for admission pro hac vice.
- r. Has the applicant registered with the office of professional regulation and paid the fee as required by Iowa Court Rule 31.14(11) within five years of the date of this application? Yes No

2. Oath and Signature

I, _____, have read this Application, and I certify under

Print your name

penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct.

, 20					
Signed on: Month	Day	Year	Your signature*		
Mailing address			City	State	ZIP code
()					
Telephone number	Emai	il address	Add	itional email addres	ss, if applicable

*If filing in paper, you must handwrite your signature on this form. If filing electronically, you may handwrite your signature on the form, scan the form, and then file it electronically, or, you may affix a digitized signature and file the form electronically.

Certificate of Service on next page

Certificate of Service

The undersigned certifies a copy of this application was served on the following parties

on the day o	f,	20 _{Year}		
by 🗌 Personal delivery	🗌 Deposit ir	n the U.S.	mail	
			Signature of server	