



**OFFICE OF PROFESSIONAL REGULATION
OF THE SUPREME COURT
APPLICATION FOR REGISTRATION AS IOWA HOUSE COUNSEL**

[To be filed by Domestic Lawyers only – Foreign Lawyers must file the foreign-licensed attorney application with the National Conference of Bar Examiners (NCBE). The link to the NCBE application may be found here: <http://www.ncbex.org/character-and-fitness/jurisdiction/ia>]

INSTRUCTIONS

READ BEFORE YOU BEGIN THIS FORM

1) THREE OPTIONS AVAILABLE FOR COMPLETING THIS FORM:

- a. USING ADOBE ACROBAT:** If you have Adobe Acrobat (not Adobe Reader) you can complete and save your application on your computer in order to work at your own pace. Before you begin completing the application, you must save the file to a specific destination on your computer to enable you to complete the form in more than one sitting. If you do not do so, all information will be lost and you will be required to complete the form each time you open the link.
- b. USING ADOBE READER:** If you have Adobe Reader, YOU MAY NOT SAVE YOUR APPLICATION ELECTRONICALLY. Due to limitations in the FREE Adobe Reader, you will not be able to save the application with entries included. For this reason, you should be prepared to fill out the application in its entirety before you begin. Once you fill out the application, you will be allowed to print it, but will not be allowed to save it. Note, as soon as you close the document, all information entered into the form will be lost. If you do not have Adobe Reader, click here (<http://get.adobe.com/reader/>) to download the latest version of Adobe Reader.
- c. PRINT AND HANDWRITE THE FORM:** If you do not have either Adobe Acrobat or Adobe Reader, you may print this document and fill it out by hand.

2) FILING THE APPLICATION: Once you have completed the form, double check to make sure that all fields are filled in. Print the completed form. Then, sign at the required fields in the presence of a notary public. Finally, mail or hand-deliver the completed application to the Office of Professional Regulation, 1111 East Court Avenue, Des Moines, IA 50319

3) FEE: Prior to filing this application, each applicant must remit a nonrefundable application fee of eight hundred dollars (\$800) via the Iowa Court Commissions website, which will accept a credit card or e-check. The site can be found here: www.iacourtcommissions.org/ords/f?p=106:129 See Iowa Ct. R. 31.16(2)(c).

~ DO NOT INCLUDE THIS PAGE WITH YOUR APPLICATION ~

HOUSE COUNSEL CHECKLIST

Please utilize this checklist to ensure all components of your application are complete.
This checklist is for your use only and should not accompany your completed application.

- Enclose completed house counsel application
- Documents proving admission to practice law and current good standing in all jurisdictions in which the lawyer is admitted to practice law
- Pay the nonrefundable \$800 fee online and include a printed copy of the payment confirmation page with your application. Fee is paid at www.iacourtcommissions.org/ords/f?p=106:129
- A Certificate from the disciplinary authority of each jurisdiction of admission stating that the lawyer has not been suspended, disbarred, or disciplined and that no charges of professional misconduct are pending; or that identifies any suspensions, disbarments, or other disciplinary sanctions that have been imposed upon the lawyer, and any pending charges, complaints, or grievances
- An affidavit from an officer, director, or general counsel of the employing entity attesting to the guidelines as stated in Iowa Ct. R. 31.16(2)(g)
- An affidavit from the applicant attesting to the guidelines as stated in Iowa Ct. R. 31.16(2)(h)
- Keep a copy of this completed application for future reference
- Mail or Hand-deliver the completed application to:
 - Office of Professional Regulation
Judicial Branch Building
1111 East Court Avenue
Des Moines, IA 50319

~ DO NOT INCLUDE THE CHECKLIST WITH YOUR APPLICATION ~

SECTION B—REQUIRED DOCUMENTS AND APPLICATIONS

8. **ADMISSION TO PRACTICE:** List all jurisdictions in which you have been fully admitted to practice and give the date of admission to each. Use additional sheets if necessary.

JURISDICTION	DATE OF ADMISSION (MO/YR)

9. **CERTIFICATE(S) OF GOOD STANDING:** Applicants admitted in other jurisdictions **MUST** submit from each state a current certificate of good standing. Normally the Clerk of Supreme Court in the admitting jurisdiction can provide this.

My certificate(s) of good standing:

is/are included with this application.

10. **EMPLOYER AFFIDAVIT:** Applicants **MUST** submit an affidavit from an officer, director, or general counsel of the employing entity attesting to the items contained within Iowa Ct. R. 31.16(2)(g).

My employer affidavit:

is included with this application.

11. **PERSONAL AFFIDAVIT:** Applicants **MUST** submit a personal affidavit attesting to the items contained within Iowa Ct. R. 31.16(2)(h).

My affidavit:

is included with this application.

12. **FEE:** Applicants must enclose application the fee payment confirmation page from the Iowa Court Commission website. Payment can be made by credit card or e-check at www.iacourtcommissions.org/ords/f?p=106:129. This fee is not refundable.

My fee payment confirmation page:

is included with this application. Date of payment: _____

19. **LEGAL DISCIPLINE:**

_____ Have you ever been disbarred, suspended from practice, reprimanded,
Yes/No/ N/A censured, or otherwise disciplined?

_____ Have any complaints or charges, formal or informal, including any now pending,
Yes/No/ N/A ever been made or proceedings instituted against you?

_____ Have you ever appeared, formally or informally, before a grievance or other
Yes/No/ N/A similar committee of any bar association or other law group?

If you answered **YES** to any of the foregoing three questions, give full details, including the date of the charge, the nature of the charge, the facts, the disposition of the matter and the name and mailing address of the person in possession of the records thereof.

SECTION D

STATE OF _____)
COUNTY OF _____)

Under penalty of perjury, I do hereby make the foregoing application. I have read the questions and have answered them completely and truthfully. I have not omitted any information that might have a bearing on my application. I understand that if any changes occur after the application is filed which affect my answers, I must amend my application in writing to the Office of Professional Regulation. I understand that this is a continuing obligation throughout the pendency of my application, and that any inaccurate, misleading, or incomplete statements, or any failure to update promptly any aspect of this application, may result in denial of this application and other disciplinary sanctions.

I certify the following (please initial):

____ I have read and understand the provisions contained within Iowa Court Rule 31.16 related to the scope of my authority as registered house counsel.

____ I understand that it is my obligation to inform the Office of Professional Regulation in writing if my employment with the employer listed in this application terminates.

____ I understand that my rights and privileges under rule 31.16 will automatically terminate when any of the following occur:

- My employment with the employer listed in this application terminates.
- I am suspended or disbarred from practice in any jurisdiction, United States or foreign, or any court or agency before which I am admitted, or
- I no longer maintain active status in at least one non-Iowa jurisdiction, United States or foreign.

I agree to furnish such further information as may be required by the Office of Professional Regulation to complete its investigation.

I hereby designate the Clerk of the Supreme Court as my agent for service of process in Iowa for all purposes.

Applicant's Signature

Sworn to and subscribed before me this _____ day of _____, 20 ____.

(Notary Seal)

Notary Public for
State of _____



STATE OF IOWA

Criminal History Record Check Request Form



DCI Account Number: Office of Professional Regulation
(if applicable)

To: Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 Fax

From: Office of Professional Regulation
Judicial Branch Building
1111 E. Court Avenue
Des Moines, IA 50319

Phone: 515.348.4670

Fax: 515.348.4698

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Waiver Information: Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

Waiver Release: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

Waiver Signature: _____

<h3 style="text-align: center; text-decoration: underline;">Iowa Criminal History Record Check Results</h3> <p>As of _____, a search of the provided name and date of birth revealed:</p> <p><input type="checkbox"/> No Iowa Criminal History Record found with DCI</p> <p><input type="checkbox"/> Iowa Criminal History Record attached, DCI # _____</p> <p style="text-align: center;">DCI initials _____</p>	(DCI use only)
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