Instructions for General Admission to the United States District Court for the Southern District of Illinois

Applicants for General Admission

READ INSTRUCTIONS CAREFULLY

The requirements for admission can be found in Local Rule 83.1(a). In order to avoid delays in the application review process, please refer to the following instructions.

- Applicants are required to submit a **Certificate of Good Standing** from a state in which you are licensed together with all state bar numbers issued to you (see Local Rule 83.1(a)(2); and **AO 153 Oath Card** (attached to this instruction) where prompted.
- Only Certificates issued not more than 60 days prior to filing your application are acceptable.
- Reciprocal Admission: An attorney may submit a Certificate of Admission to Practice in the Northern or Central Districts of Illinois in lieu of a Certificate of Good Standing from a state in which you are licensed, together with a listing of all state bar numbers issued to you (see Local Rule 83.1(a)(3); and AO 153 Oath Card (attached to this instruction) where prompted.
- If you do not already have a PACER Account, register at: https://www.pacer.gov (link is external).
- Request Attorney Admission and E-File Registration in PACER using the following <u>instructions</u>.

Once the application has been reviewed, an email will be sent with a link to pay the admission fee (fees page). Please note that incomplete applications are the primary reason for any delay.

If you have any questions, you can call case administrator at 618-482-9227 or 618-482-9096.



Clerk of Court 750 Missouri Ave. East St. Louis, IL 62201

Clerk of Court 301 W. Main Street Benton, IL 62812

NAME: (LAST	, FIRST, MI)	SOCIAL SECURITY NO.				
	OATH (ON ADMISSION				
I,	I, , DO SOLEMNLY SWEAR					
(OR AFFI	RM) THAT AS AN A	TTORNEY AND AS A COUNSELOR OF				
THIS CO	OURT I WILL CO	NDUCT MYSELF UPRIGHTLY AND				
ACCORD-	-ING TO LAW, A	ND THAT I WILL SUPPORT THE				
CONSTIT	UTION OF THE UNI	ED STATES.				
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DATE:	SIGNATURE:	BAR I.D. NO.				
		COMPLETE REVERSE SIDE				

AO 153 (Rev. 6/96)						
FIRM NAME	TEL. NO.					
FIRM ADDRESS						
CITY	STATE		ZIP CODE			
BELOW FOR OFFICE USE ONLY						
SWORN AND SUBSCRIBED BEFORE ME,			DATE			
ADMITTED ON MOTION OF (Movent)						
ADMITTED ON MOTION OF: (Movant)						