

# 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 [instructions](#).

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 a case administrator at 618-482-9371 or 618-439-7760.



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

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

AO 153 (Rev. 6/96)

NAME: (LAST, FIRST, MI)		SOCIAL SECURITY NO.
<b>OATH ON ADMISSION</b>		
I, _____, DO SOLEMNLY SWEAR (OR AFFIRM) THAT AS AN ATTORNEY AND AS A COUNSELOR OF THIS COURT I WILL CONDUCT MYSELF UPRIGHTLY AND ACCORD-ING TO LAW, AND THAT I WILL SUPPORT THE CONSTITUTION OF THE UNITED STATES.		
DATE:	SIGNATURE:	BAR I.D. NO.

COMPLETE REVERSE SIDE

AO 153 (Rev. 6/96)

FIRM NAME		TEL. NO.
FIRM ADDRESS		
CITY	STATE	ZIP CODE
<b>BELOW FOR OFFICE USE ONLY</b>		
SWORN AND SUBSCRIBED BEFORE ME,		DATE
ADMITTED ON MOTION OF: (Movant)		