UNITED STATES DISTRICT COURT

DISTRICT OF SOUTH DAKOTA

 Choose an item. DIVISION

|  |  |
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| Click here to enter text., |  CIV Click here to enter text. |
| Plaintiff,  |   |
| vs. | MOTION FOR ADMISSIONPRO HAC VICE |
| Click here to enter text.,  |  |
| Defendant.  |  |

**Statement of Movant**

I, Click here to enter text., an active member of the Bar of the U.S. District Court for the District of South Dakota, request that this Court admit pro hac vice Click here to enter text., who will be counsel for the [ ]  plaintiff(s) [ ]  defendant(s) Click here to enter text. in the case listed above. I have confirmed that Click here to enter text. is a member in good standing of the U.S. District Court for the District of Click here to enter text. and is also a member in good standing of the highest court of the state of Click here to enter text., where Click here to enter text.’s principal practice is located. I am aware of Local Rule 83.2 (E) regarding the appearance of attorneys pro hac vice.

Click here to enter a date. Click here to enter text.

Date Signature

**Statement of Proposed Admittee**

 I, Click here to enter text., am currently a member in good standing of the U.S. District Court for the District of Click here to enter text.. I am also a member in good standing of the highest court of the state of Click here to enter text., where my principal practice is located, but am not admitted to the Bar of this Court. I am aware of Local Rule 83.2 (E) regarding the appearance of attorneys pro hac vice and understand that local counsel must sign and file all documents, and must continue in the case unless another attorney admitted to practice in this court is substituted. I understand that I will receive notice electronically and that it is my responsibility to keep my electronic mail address(es) current.

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| First/Middle/Last Name: | Click here to enter text.  |
| Primary Email address:  | Click here to enter text.  |
| Other email addresses to be notified: | Click here to enter text.  |
| Telephone number:  | Click here to enter text.  |
| Fax number:  | Click here to enter text.  |
| Firm Name: | Click here to enter text.  |
| Firm Address:  | Click here to enter text. |
| Bar Admission Number: | Click here to enter text. |

* I will review and abide by the Local Rules of Practice for the District of South Dakota, General Orders, Administrative Procedures, and all technical and procedural requirements. These documents and current system requirements can be found on the Court’s web site located at <http://www.sdd.uscourts.gov>.
* I understand that I will receive notice electronically of all non-sealed documents and that it is my responsibility to keep my electronic mail address(es) current.
* This system is for the U.S. District Court for the District of South Dakota and will be used to receive electronic notification of non-sealed documents that are filed with the District of South Dakota. Each e-mail address listed will be allowed one free access to the document filed for 15 days from the time of notification.
* For additional access the user will need to have a PACER Service Account. This account can be established by contacting the PACER Service Center at <http://pacer.psc.uscourts.gov> or 1-800-676-6856.

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| Click here to enter a date.Date | Click here to enter text.Type/Print Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature |