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| --- | --- | --- |
| Full Name: |  | Admission Fee: $250 (To be Paid at time of swear in.) |
| Birth Date: |  |  |  |
| Home Address: |  |  |  |
| Law Firm Name: |  |  |  |
| Office Address: |  |  |  |
| Telephone: |  |  |  |
| Admission to State Bar Associations: |  |
| **(NOTE: You MUST be an active member of the South Dakota State Bar Association to be admitted to the Federal Bar of the United States District Court for the District of South Dakota.)** |
| College(s): |  | Year Graduated: |  |
| Law School: |  | Year Graduated: |  |
| Have any disciplinary or grievance procedures been initiated against you? |  |  |
| If “yes”, please state where, when, basis and resolution: |  |  |
|  |
| **References:** |
| Name: |  | Name: |  |
| Law Office: |  | Law Office: |  |
| Address: |  | Address: |  |
| Phone Number: |  | Phone Number: |  |
| **(NOTE: References MUST be members in good standing of the Federal Bar, United States District Court, for the District of South Dakota.)** |
|  **DISTRICT COURT USE ONLY**: |
|  | South Dakota State Bar contacted on: |  |  |
|  | Applicant is member in good standing of the South Dakota State Bar. |  |
|  | References are members in good standing of the Federal Bar. |  |
|  | Additional Notes: |  |  |
|  |  |
|  | (Deputy Clerk) |
|  |  |  |  |  |  |

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| **TO WHOM IT MAY CONCERN:** |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, hereby authorize the Clerk, United States District Court for the District of South Dakota, or its authorized representative(s) or employee(s), baring the release or copy thereof, to obtain any information in your files pertaining to my:Employment; and Education Records (including but not limited to academic achievement, attendance, personal history, and disciplinary records).I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the United States District Court's official use.I hereby release you, as custodian of such records, any school, college, university, or other educational institution; any employer, or retail business establishment including its officers, employees, or related personnel both individually and collectively, from any and all liability for damages or whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request for information or any other attempt to comply with it.The information hereby obtained by the aforementioned District Court office is to be only for the purpose of admission to United States District Court for the practice of law as an officer of the Court. |
|  |  |   |
| (Authorizing Signature - Full Name) |  | Date: |
|  |  |  |
| (Full Name - Typed or Printed) |  |  |
|  |
| **Mail form only to the listed office in which you will want to be sworn in:** |
| United States District CourtDistrict of South DakotaClerk's Office, Rm 405225 South Pierre StreetPierre, SD 57501 | United States District CourtDistrict of South DakotaClerk's Office, Rm 128400 South Phillips AvenueSioux Falls, SD 57104 | Andrew W. BogueFederal Bldg. & US CourthouseClerk's Office, Rm 302515 Ninth StreetRapid City, SD 57701 |
|  | United States District CourtDistrict of South DakotaClerk's Office, Rm 408102 4th Ave SEAberdeen, SD 57401 |  |