



Office of the General Counsel
 PO Box 92860, Albuquerque, NM 87199-2860
 5121 Masthead St NE, Albuquerque, NM 87109

Office Use Only
ID#: _____ Reg: _____

REGISTRATION CERTIFICATE OF NON-ADMITTED LAWYER

(Admission Pro Hac Vice)

I, _____ (Non-admitted Lawyer), certify pursuant to Rule 24-106 NMRA the following:

Attorney Information	
Attorney's Name: _____	City, State, Zip: _____
Attorney's Firm: _____	Telephone: _____
Street: _____	E-mail: _____

Action/Suit/Proceeding or Matter	
Bold/Underlined Required	
Title of case/Client Name/Identifier: _____	
Local Counsel: _____	
Case # (if any): _____	Court (if any): _____

Attorney Certification <i>(check all that apply)</i>	
1. <input type="checkbox"/> I am admitted or licensed as an attorney in good standing in: _____ Enclosed is a Certificate of Good Standing from every State or Country in which I am admitted.	
2. <input type="checkbox"/> I have not been disciplined, suspended, or disbarred in any jurisdiction.	
3. <input type="checkbox"/> I have not had a pro hac vice admission revoked in any jurisdiction If you have been disciplined, suspended, disbarred, or had a pro hac vive admission revoked in any jurisdiction, you must submit the details of the same to the Disciplinary Board for investigation and recommendation to the court in which you seek to practice pro hac vice. (see 24-106 (C) NMRA)	
4. <input type="checkbox"/> I will comply with applicable statues, laws and procedural rules of the State of New Mexico.	
5. <input type="checkbox"/> I will comply with the applicable rules as noted in Rule 24-106 (B) (5) NMRA	
6. <input type="checkbox"/> I will submit to the jurisdiction of the New Mexico courts and the Disciplinary Board with respect to acts and omissions occurring during my admission under this rule.	
7. <input type="checkbox"/> I am submitting my _____ registration certificate of this calendar year. Including corresponding fee of: 1st-5th <input type="checkbox"/> \$450 1st <input type="checkbox"/> \$275 2nd <input type="checkbox"/> \$275 3rd <input type="checkbox"/> \$275 4th <input type="checkbox"/> \$275 5th	
8. <input type="checkbox"/> I am making a Rule 24-106 (D) NMRA fee waiver certification. (Explanation attached)	
_____ Attorney Signature	

Notary	
STATE of _____))ss.
County of _____)	
SUBSCRIBED AND SWORN TO before me this _____ day of _____ 20____ by _____ my commission expires: _____ <i>name of applicant</i>	
_____ NOTARY PUBLIC	

Credit/Debit Card	FOR OFFICE USE ONLY
Credit Card#: _____	
Exp. Date: _____ CVV: _____	
Accepting: MasterCard, Visa, Discover, American Express	

Return registration certificate to the address above with your check or pay by credit card and secured fax to 866-767-7281.