

**APPLICATION FOR MILITARY SPOUSE CERTIFICATION  
PURSUANT TO C.R.C.P. 204.4**

Please type or print

**1. Name:** Please complete the information in item 1 by providing your full legal name for the official records of the Colorado Supreme Court.

Mr.  Ms. \_\_\_\_\_  
(last name, first name, middle name)

**2. Date of Birth:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**3. Mailing address:** You are required to designate and update a mailing address and a business telephone number that will appear within and be published from the official records of the Colorado Supreme Court Office of Attorney Registration. You will receive all printed communications at the address you designate as your official address. If your designated address is not the physical location or street address of your principal place of employment, then a physical address must also be given.

Official Mailing Address	Physical Address

Business telephone number \_\_\_\_\_

Business fax number \_\_\_\_\_

Business e-mail address \_\_\_\_\_

**4. Nature of Application:**

Check one:  initial application  reapplication

If this is a reapplication, please state reason(s) therefore (e.g. - left jurisdiction, change of limited practice status).

\_\_\_\_\_

\_\_\_\_\_

**4. Education:**

I received a \_\_\_\_\_ [JD or LLB] degree from \_\_\_\_\_  
Name of Law School

Address \_\_\_\_\_ City State / Province \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
Telephone number \_\_\_\_\_

All requirements completed for \_\_\_\_\_ on \_\_\_\_\_.  
(Degree type) (Date completed)

Degree received on \_\_\_\_\_.  
(Date conferred)

**5. Admissions to Practice Law:** Please list all jurisdictions in which you are or were licensed to practice law. Include your bar or attorney number, or other personal identifier, from that licensing entity. If you are or were admitted under a name that is different from the name indicated in item 1, please provide the name under which you are or were admitted. Use additional paper if necessary. Please use correct postal abbreviations to list jurisdictions.

Jurisdiction	Last Name, First Name, Middle Name	Bar/Attorney Number	Date Admitted

**6. Denials of Admission to Practice Law:** Have you ever been denied admission to practice before the bar of any jurisdiction based upon your character or fitness? Check one.

Yes Please indicate jurisdiction(s): \_\_\_\_\_

No

**CERTIFICATION OF MILITARY SPOUSE:**

\_\_\_\_\_  
(state, commonwealth, etc.)

\_\_\_\_\_  
(county, borough, etc.)

I, \_\_\_\_\_(print name), the undersigned applicant for certification as a military spouse within the State of Colorado, do hereby certify that I have read and am familiar with the Colorado Rules of Professional Conduct and will abide by the provisions thereof.

I acknowledge that I am subject to the jurisdiction of the Colorado Supreme Court for disciplinary purposes, as set forth in C.R.C.P. 228, *et seq.*, and C.R.C.P. 251, *et seq.*

I acknowledge that I am subject to the jurisdiction of the Colorado Supreme Court and must pay annual registration fees and comply with all other provisions of C.R.C.P. 227, as well as the mandatory legal education requirements of C.R.C.P. 260.

I further certify that I am not subject to a disability, disciplinary proceeding or outstanding order of reprimand, censure, or disbarment, permanent or temporary, for professional misconduct by the bar or courts of any jurisdiction at the time of application.

I further authorize notification to or from the entity governing the practice of law within each jurisdiction in which I am licensed to practice law of any disability or disciplinary action taken against me.

I have read the foregoing application, and further attest that the information submitted in it is complete and true to the best of my knowledge and belief.

\_\_\_\_\_  
(signature of applicant)

The foregoing instrument was sworn to be subscribed before me this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_  
who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
(signature of notary)

\_\_\_\_\_  
(name of notary)

**CERTIFICATION OF LEGAL RELATIONSHIP AND MILITARY ORDERS:**

\_\_\_\_\_  
(state, commonwealth, etc.)

\_\_\_\_\_  
(county, borough, etc.)

I, \_\_\_\_\_(print name), the undersigned applicant for certification as a military spouse within the State of Colorado, do hereby certify I am the dependent spouse of an active duty service member of the United States Uniformed Services as defined by the Department of Defense (or, for the Coast Guard when it is not operating as a service in the Navy, by the Department of Homeland Security) and that my service member spouse is on military orders stationed in the State of Colorado, as defined by the Department of Defense.

As proof of being a dependent spouse of an active duty service member with military orders to be stationed in the state of Colorado, I attach a copy my spouse’s military orders and a copy of my military dependent ID card.

\_\_\_\_\_  
(signature of applicant)

The foregoing instrument was sworn to be subscribed before me this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_  
who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
(signature of notary)

\_\_\_\_\_  
(name of notary)

**CERTIFICATE OF GOOD STANDING**

\_\_\_\_\_  
(state, commonwealth, etc.)

\_\_\_\_\_  
(county, borough, etc.)

Re: \_\_\_\_\_  
(attorney name)

Date of Admission \_\_\_\_\_

I HEREBY CERTIFY that I am duly appointed custodian of records of the entity that licenses or regulates attorneys in the above-referenced jurisdiction.

I FURTHER CERTIFY that the records of my office indicate that the above-referenced attorney is admitted to practice and in good standing.

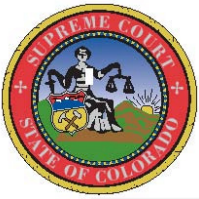
I FURTHER CERTIFY that the records of my office indicate that the above referenced attorney is not under any current order of disability, suspension or disbarment.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(title)



NAME \_\_\_\_\_

**ATTORNEY REGISTRATION STATEMENT – Compliance Statements**

**1. CHILD SUPPORT**

Please refer to C.R.C.P. 227(A)(2)(a) certification pertaining to child support and compliance with any child support order.

- I hereby certify that I am NOT UNDER ANY COURT ORDER to pay child support.
- I hereby certify that I am IN COMPLIANCE with respect to any child support orders.
- I hereby certify that I am NOT IN COMPLIANCE with respect to child support orders.

**2. COMPLIANCE STATEMENT FOR RULE 1.15 A-E - COLTAF**

The following statement only applies to Colorado accounts and Colorado client funds.

- I or my law firm have established one or more interest-bearing accounts for client funds in a financial institution approved by the Supreme Court Regulation Counsel with interest payable to the Colorado Lawyer Trust Account Foundation (COLTAF). Client funds are held in:

Account Name	Account Number	Financial Institution	City

- I am exempt from the requirement to establish a COLTAF account because:
  - All client funds are deposited in trust accounts with interest payable to the clients.
  - I do not receive, maintain or disburse client funds in Colorado.
  - A COLTAF account is not feasible for reasons beyond my control:

**3. MALPRACTICE INSURANCE**

Are you in private practice? YES  NO

Are you currently covered by Professional Liability Insurance and do you intend to maintain coverage? YES  NO

**Indicate carrier if covered:**  ALAS (Attorneys’ Liability Assurance Company)  ALPS (Attorneys’ Liability Protection Society)  AmTrust (Wesco Insurance Company)  Travelers (St. Paul Mercury Insurance Company)  CNA (Continental Casualty)  Other \_\_\_\_\_

**4. CERTIFY STATEMENTS:**

Please certify that the above marked statements are true and correct by signing below:

- I certify that I completed my registration statement and that the answers provided are accurate.
- I understand that my annual registration is not complete until the Court has received my annual registration fee payment.
- I understand that pursuant to C.R.C.P. 227(b) I must provide the Office of Attorney Registration with a supplemental statement of change in the information previously submitted, within 30 days of any changes. Such changes include changes to my registered mailing address, phone number, email, trust account information, child support payment status, or professional liability insurance coverage status.

\_\_\_\_\_  
 Attorney’s Signature

\_\_\_\_\_  
 Date