

**APPLICATION FOR CERTIFICATION FOREIGN LEGAL CONSULTANT
PURSUANT TO C.R.C.P. 204.2**

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 designated 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).

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

6. Engagement in the Practice of Law: Please describe in what role and where you have been employed for lawful engagement in the active practice of law in the foreign country or another jurisdiction substantially involving or relating to the rendering of advice or provision of legal services concerning the law of a foreign county for the last three of the five years immediately preceding this application. . Use additional paper if necessary. Please use correct postal abbreviations to list jurisdictions.

Jurisdiction/ Country	Firm or Company, Location (City, State or Province, Country)	Title (Attorney, Solicitor, etc.)	Dates (From/To)

7. 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

8. Foreign Legal Consultant Employer: Please indicate the name, address, and telephone number of the organization or business by which you are or will be exclusively employed.

Name of organization or business: _____

Address: _____

Telephone number: _____

Name of person to contact to verify your employment status: _____

Check one:

I am currently employed by the client.

I expect to begin employment with the client on _____.

CERTIFICATION OF FOREIGN LEGAL CONSULTANT:

(state, commonwealth, etc.)

(county, borough, etc.)

I, _____ (print name), the undersigned applicant for certification as a Foreign Legal Consultant 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.* In addition to the forms of discipline listed in C.R.C.P. 251.6, I understand I may also be enjoined from further practice of law in Colorado.

I acknowledge that I am subject to the jurisdiction of the Colorado Supreme Court and under this rule must pay annual registration fees and comply with all other provisions of C.R.C.P. 227.

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 a bar or court 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 disciplinary action taken against me.

I hereby certify that if employed, as a foreign legal consultant for the organization or business specified in this application, I have advised my client that I am not a licensed Colorado attorney pursuant to C.R.C.P. 203, *et seq.*

I hereby certify that I have and will advise my clients that I am not a Colorado licensed attorney.

I hereby certify if not employed by a single client who is an organization or business as defined by C.R.C.P. 204.2(1)(e), that I will maintain the professional liability insurance required und these rules.

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)

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)

DESIGNATION OF AGENT FOR SERVICE OF PROCESS

I, _____, hereby designate the Clerk of the Supreme Court Office of Attorney Registration as my agent to receive service of process in any action or proceeding brought against me on or after the date of this designation and arising out of, or based upon, any legal services rendered, or offered to be rendered, by me while present in Colorado or to residents of the State Bar of Colorado whenever, after due diligence, service cannot be made upon me at the following address:

Name: _____

Address: _____

City: _____

For the purpose of compliance with section 7(b) of Foreign Legal Consultant Certification Rules and Regulations, notice of the service and a copy of the process should be sent by registered or certified mail to the undersigned at the above address.

Note: To change your address for these purposes, a new acknowledged Designation of Agent for Service of Process form must be filed with the Colorado Supreme Court Office of Attorney Registration. Mere notification of a change of address to the Office of Attorney Registration or the Office of Attorney Regulation Counsel, will not result in a change in the address to which a copy of service received by the Colorado Supreme Court Office of Attorney Registration is mailed.

Date: _____ Signature: _____

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 CLIENT (if employed by organization or business)

(state, commonwealth, etc.)

(county, borough, etc.)

I, _____, am employed as
(name of certifying official)

_____ for
(title of certifying official)

(name and address of client)

and am authorized to certify the following in connection with an application for certification under the Colorado Supreme Court's Foreign Legal Consultant Rule, C.R.C.P. 204.2.

I HEREBY CERTIFY that the above-referenced client is an individual, corporation, partnership, association, or other legal entity (taken together with its respective parents, subsidiaries, a affiliates) authorized to transact business in this state that is not itself engaged in the practice of law or the rendering of legal service outside such organization, whether for a fee or otherwise, and does not charge or collect a fee for any legal representation or advice.

I FURTHER CERTIFY that the above-referenced client is aware that _____ (name of applicant) is not licensed to practice law in Colorado; that this individual seeking certification under the Colorado Supreme Court's Foreign Legal Consultant Rule is/will be exclusively employed by this client; and that this client is not relying upon the Colorado Supreme Court or its agencies in any manner in employing this individual.

Dated this _____ day of _____, _____.

(signature)

(print name)

(title)

(seal of business organization)



COLORADO SUPREME COURT
 OFFICE OF ATTORNEY REGISTRATION
 1300 Broadway, Suite 510
 Denver, CO 80203
 (303) 928-7800

NAME _____

ATTORNEY REGISTRATION STATEMENT – Compliance Statements

1. CHILD SUPPORT - Check only one

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.

Signature

Date