

**UNITED STATES DISTRICT COURT
DISTRICT OF SOUTH CAROLINA**



**APPLICATION FOR LIMITED ADMISSION TO PRACTICE
FOR FULL-TIME FACULTY TEACHING IN
CLINICAL LAW PROGRAMS IN LAW SCHOOLS WITHIN SOUTH CAROLINA**

Please type

FULL NAME		DATE OF BIRTH
OFFICE ADDRESS, CITY, STATE, ZIP		OFFICE PHONE
DATE ADMITTED TO SC BAR PURSUANT TO SC APPELLATE RULE 414	SC BAR NUMBER	
E-MAIL ADDRESS (REQUIRED)		

	Yes*	No
1. Have you ever been censured, suspended, disbarred, or otherwise disciplined by any court, department, bureau, or commission of any state or of the United States?		
2. Have you ever been, or are you now, the subject of an investigation of your professional conduct?		
3. Have you ever been transferred to inactive status, voluntarily withdrawn, or resigned from the bar of any court?		
4. Have you ever been denied admission to the bar of any court (not including a denial resulting from the failure to pass a bar examination)?		
5. Have you ever been held in contempt of court?		

* If the answer to any of the questions above is "yes," please describe in detail by separate attachment and include any and all correspondence and orders from the South Carolina Supreme Court.

CERTIFICATION OF APPLICANT

I certify that:

1. All of the information herein is complete and true to my own knowledge.
2. I am a member in good standing of the South Carolina Bar.
3. I have studied the Federal Rules of Civil and Criminal Procedure, the Federal Rules of Evidence, the South Carolina Code of Professional Responsibility (Rule 407 of the South Carolina Appellate Court Rules), and the Local Rules of this Court.
4. Check one:
_____ I have completed the required CM/ECF training and the attached ECF Attorney Registration Form.
_____ I have been exempted from e-filing requirements.

Signature of Applicant*

Date

OATH OF ADMISSION

I, _____, do solemnly swear (or affirm) that as an attorney and as a counselor of the Court, I will conduct myself uprightly and according to law and that I will support the Constitution of the United States. So help me God.

Signature of Applicant*

Date

SUBSCRIBED AND SWORN TO BEFORE ME

this _____ day of _____, 20____.

Notary public for _____

My commission expires: _____

* Ink signatures only; electronic signatures will not be accepted.

Name of Applicant: _____

CERTIFICATION OF SPONSORS

We, _____, U.S. District Court Attorney ID No. _____ and
_____, U.S. District Court Attorney ID No. _____, being members in
good standing of the Bar of the U.S. District Court for the District of South Carolina, hereby certify that to the best of
our knowledge, information, and belief the applicant is of good moral character and professional reputation and
meets the requirements for admission to this Court.

Signature of Sponsor*: _____

Date: _____

Signature of Sponsor*: _____

Date: _____

* Ink signatures only; electronic signatures will not be accepted.

Mail this completed application to the following address

Attorney Admissions
United States District Court
901 Richland Street
Columbia, SC 29201