



United States District Court for the District of Arizona
Civil Litigation Attorney Panel Application

Applicant Information

Applicant Name:

_____ *Individual, Law Firm, or Public Interest Organization*

Partner or Member Liaison:

_____ *If applicant is other than an individual*

Office/Firm:

Mailing Address:

_____ *Street* _____ *Apartment/Unit/Suite No.*

_____ *City* _____ *State* _____ *Zip Code*

Phone: _____ **Email:** _____

Admission*

<i>State, Federal, or Circuit Court Name</i>	<i>Admission Date</i>	<i>Bar ID No.</i>	<i>Member in Good Standing?</i>		<i>Active or Inactive?</i>	
			<i>Yes</i>	<i>No</i>	<i>Active</i>	<i>Inactive</i>
_____	_____	_____	Yes	No	Active	Inactive
_____	_____	_____	Yes	No	Active	Inactive
_____	_____	_____	Yes	No	Active	Inactive
_____	_____	_____	Yes	No	Active	Inactive
_____	_____	_____	Yes	No	Active	Inactive

**An attorney must be admitted to practice in the District of Arizona to be eligible for appointment to the Civil Litigation Panel*

