

**APPLICATION FOR TEMPORARY MILITARY SPOUSE
ADMISSION PURSUANT TO RULE XVII**

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 Arkansas Supreme Court.

Mr. Ms. _____
(last name, first name, middle name)

2. **Date of Birth:** _____

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 Arkansas Supreme Court Office of the Clerk. 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. Education:

I received a _____ *Juris Doctor* degree from _____
Name of Law School

Address	City	State	Zip Code
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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	License 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 Arkansas, do hereby certify that I have read and am familiar with the Arkansas Rules of Professional Conduct and will abide by the provisions thereof.

I acknowledge that I am subject to the jurisdiction of the Arkansas Supreme Court for disciplinary purposes.

I acknowledge that I am subject to the jurisdiction of the Arkansas Supreme Court.

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)

I, _____ (print name), the undersigned applicant for certification as a military spouse within the State of Arkansas, 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 Arkansas, 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 Arkansas, 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)