



Office of the Clerk
 Supreme Court of Arkansas
 Arkansas Court of Appeals

REQUEST FOR CERTIFICATE OF GOOD STANDING

Date of Request _____

Number of Certificates Requested _____ x \$25 = _____ *total due*

Attorney Information

Attorney Name _____

AR Bar Number _____ Requestor's Email Address _____

Delivery Method *(each certificate issued and delivered has a \$25 fee)*

<input type="checkbox"/> Email	Requestor would like the certificate(s) to be <i>e-mailed</i> to the following address(es): _____ _____
<input type="checkbox"/> Mail	Requestor would like the certificate(s) to be <i>mailed</i> to the following address: Name _____ Address _____ City, State, Zip _____

Pay Online: Email this form to attylicenseinfo@arcourts.gov. Once this form has been received and processed by the Clerk's office, payment can be made via GovPay through the attorney's online portal at <https://attorneyinfo.aoc.arkansas.gov>.

Pay via Mail or in-person: Submit this form with payment made payable to the Bar of Arkansas to: Office of the Clerk 625 Marshall Street, Suite 130 Little Rock, AR 72201.

If not paid within 30 days, this request will be cancelled and a new one must be submitted.

Office Use Only

ID _____ Received _____ ATB _____ Payment Date _____
 Date Fulfilled _____ Staff _____