UNITED STATES COURT OF APPEALS
FOR THE FOURTH CIRCUIT

ATTORNEY REGISTRATION

TO BE COMPLETED ONLY IF YOU WERE
PREVIOUSLYADMITTED TO THE FOURTH CIRCUIT BAR

NAME (present practicing name)

Last _____

First _____ Middle _____

Generation (Jr.,Sr.,II,etc.) _____ Title (if applicable) _____

Prefix (Mr.,Ms.,Professor,etc.) _____

FIRM: _____

ADDRESS: _____

_____

_____

City _____

State _____ Zip Code _____

Phone (____)_____ Ext. _____ Fax (____)_____

E-mail _____

DATE OF BIRTH: _____

APPROXIMATE DATE ADMITTED TO U.S. COURT OF APPEALS FOR THE FOURTH CIRCUIT
_____

STATE OF RESIDENCE _____

IF ADMITTED UNDER A DIFFERENT NAME, PROVIDE NAME UNDER WHICH YOU WERE ADMITTED _____