WASHINGTON STATE BAR ASSOCIATION
Regulatory Service Department

Coversheet for APR 8(b) Exception for Particular Action or Proceeding (Pro Hac Vice)

Note: Only one applicant and case per coversheet. Please print or type. Your cancelled check serves as your receipt. This form must be filed together with a copy of the motion and payment of the **$488 nonrefundable fee** to:

Washington State Bar Association
1325 4th Ave. Ste 600
Seattle, WA 98101-2539

1. **Applicant Seeking Admission**:

Full Name: _____

Employer Name: _____

Business Address: _____

_____

Business Phone: _____ Email: _____

Licensed in State: _____ Bar Number: _____

❑ I qualify for the ❑ indigent ❑ military ❑ ICWA exception as provided for in APR 8(b).

2. **Associated Washington Lawyer**:

Full Name: _____

Employer Name: _____

Business Address: _____

_____

Business Phone: _____ Email: _____

Licensed in State: _____ Bar Number: _____

3. **Case for Which Admission Is Sought**:

_____
Case No. Court Name of Case

4. **Application Fee Paid By**: _____

For Credit Card Payment: ***Note:*** *Our service provider will charge you a separate, non-refundable transaction fee of 2.5% on all bank card transactions. There is no transaction fee if you mail in a check.*

MC/Visa/Amex No: _____ Exp.: _____
(Circle One)

Billing Address (if different from above): _____
Street or PO Box

_____
City State Zip Code

Name on Card: _____ Signature: _____
(Please Print)

For office use only – Pro Hac Vice Fees – 42290 – ADMISS Date _____ Amount $_____ Check No. _____	App. No. _____