

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MISSOURI

ATTORNEY REGISTRATION FORM

TYPE OR PRINT VERY NEATLY.

PREFIX: MR. MS. MRS. (Circle One)

NAME: _____
(Last) (First) (Initial) (Generation)
Sr./Jr./III

SOCIAL SECURITY NUMBER: _ _ _ - _ _ - _ _ _ _ _

TITLE: _____ (If applicable - Managing Partner, President, etc.)

FIRM NAME: _____

STREET ADDRESS: _____

SUITE NUMBER: _____ CITY: _____ STATE: _____ ZIP: _____

OFFICE TELEPHONE: _____ FAX: _____
(Area Code) Number (Area Code) Number

BAR NUMBER: _____ IDENTIFYING STATE: _____

DATE ADMITTED TO FEDERAL BAR: _____

TYPE OF APPOINTMENT PREFERRED: (Circle preference)

CRIMINAL

CIVIL

PURSUANT TO LOCAL RULES ALL ATTORNEYS ADMITTED TO PRACTICE IN THE
EASTERN DISTRICT OF MISSOURI ARE SUBJECT TO BIENNIAL
REREGISTRATION BEGINNING JANUARY 1997.