(Boxes for State Bar use only)

	Jur	isdiction (s)		Bar Numb	oer:		
y Statu	ıs			Application	on Number:		
cipline	e			Date Rece	eived Staff		
pearan	ce: Applicant	_ Firm		Fee Paid _	Check No.		
Attor	ney: SBM	ODC		Date Sent	:		
		,	STATE BAR OF MO	ONTANA			
			P.O. Box 577, Helena, M	IT 59624			
		STREET ADDRESS:	33 S. Last Chance Gulch,	SUITE 1B, HELENA, MT 5960)1		
Telephone: (406) 442-7660							
			FAX: (406) 442-77	63			
		F	Pro Hac Vice App	LICATION			
1	Applicant Name		Phone	Email			
2.							
2 F	irm Name (List al	l firm(s) with wh	ich you are associated.)				
3.	> CC			G	7.		
C	Office Address		City	State	Zip		
4	Residence Address		City	State	Zip		
			-	member of the State lapplication is being m			
A	Attorney & Firm Name Daytime Phone		hone Number				
_ A	Address		City	State	Zip		

Pro Hac Vice 2024

6. List all state and federal courts in which you have been admitted to practice and the dates of

admissions and provide certification of good standing for each state only. Do not Hac Vice admissions.					
	A.	State Courts:			
	В.	Federal Courts:			
7.	Are	e you currently suspended, disbarred, or otherwise not licensed to practice in any of the			
	abo	ove courts? If so, attach copies of all relevant court or disciplinary documents.			
		YesNo			
8.	Are	e you subject to pending disciplinary proceedings in any jurisdiction? If so, attach a			
	des	scription of the nature and status of each pending disciplinary proceeding.			
		YesNo			
9.	Do	you maintain a residence in Montana?			
		YesNo			
10.	Are	e you regularly employed in Montana?			
		YesNo			
11.	Are	e you regularly engaged in the practice of law or in substantial business or professional			
	act	ivities in Montana?			
		YesNo			
12.	Do	you have an application for the State Bar of Montana pending?			
		YesNo			
13.	Lis	at the title of each state court and cause in Montana in which you OR YOUR FIRM have			
	file	ed an application to appear as counsel pro hac vice, the date of each application, and			
	wh	ether it was granted or denied. (Do not list Federal Court pro hac vice appearances.)			

Please continue onto following page

Pro Hac Vice 2024

List the current title, court, and cause number for which you are applying.

	Title, Court, Cause #	County	Date	Granted: (Yes/No)
A.	Previous Cases:			
В.	Current Case: (please include county)		

- 14. I agree to comply with the applicable statutes, laws, and procedural rules of the State of Montana. I further agree to be bound by the Montana Rules of Professional Conduct (except as to Rules 6.1-6.4) and will submit to the jurisdiction of the Montana courts, the Montana disciplinary process, and the State Bar of Montana with respect to acts and omissions occurring during admission under this application.
- 15. I understand that a lawyer not admitted to practice in Montana is subject to the disciplinary authority of Montana for conduct that constitutes a violation of the Montana Rules of Professional Conduct and that: a) involves the practice of law in Montana by that lawyer; or b) involves that lawyer holding himself or herself out as practicing law in Montana; or c) involves the practice of law in Montana by another lawyer over whom this lawyer has the obligation of supervision or control.
- 16. I state that payment has been made to the State Bar of Montana in accordance with the requirements of Section IV of the Rules for Admission and in accordance with the requirements of Rule 6 of the Rules for Lawyer Disciplinary Enforcement.
- 17. I understand I have an on-going obligation to advise the State Bar of Montana and court/administrative agency if my standing or status changes in any of the jurisdictions in which I am admitted during the term of my pro hac vice admission.
- 18. I agree to provide the State Bar of Montana with the court or administrative agency's order to grant or deny this application. (All applications will be counted as an appearance unless the State Bar of Montana is advised the application was denied by the Court.)

- 19. I agree to notify the State Bar of Montana of any appeals if the case is referred to a higher court. (If the above action proceeds to a court of higher jurisdiction, I understand the appealed case will not be counted as an additional appearance.)
- 20. I agree to provide current certificates of good standing from the jurisdiction(s) in which I am admitted.
- 21. I understand that the \$515.00 assessment is an **annual** assessment and agree to promptly pay the assessment as long as this proceeding is pending before a Montana administrative agency or any Montana court (except federal court).

County of						
The above statements are true based	upon applicant's kn	owledge and belief. Fur	ther, I agree to			
submit to the pro hac vice rules, the M	Montana Rules of Pr	rofessional Conduct, and	d the Montana			
Rules for Lawyer Disciplinary Enfor	cement.					
	Signature of Applicant		Date			
Subscribed and sworn to) or affirmed) before me this day of, 20						
(Seal Below)						
	Notary	Signature:				
	Printe	ed Name of Notary:				
	Notary	y Public for the State of	: 			
	Resid	ing in:				
		ommission expires:				

ATTACH: Certificates of Good Standing \$515.00 Pro Hac Vice Fee

State of _____

Rules and information about pro hac vice are available on the State Bar's website at www.montanabar.org. Please direct questions to Melissa Dyess Hartze at Mhartze@montanabar.org.