OFFICE OF THE CLERK
Supreme Court of Arkansas
Arkansas Court of Appeals

RULE XIV. PRACTICE BY COMITY PRO HAC VICE APPEARANCE INFORMATION AND PAYMENT FORM

INSTRUCTIONS

The Rule XIV. Practice by Comity pro hac vice Appearance Information and Payment Form and the information contained herein are intended for processing and issuing proof of payment to the non-resident attorney requesting permission to participate in court proceedings in the state of Arkansas.

Requirements and Information

- □ Completed Rule XIV. Practice by Comity pro hac vice Appearance Information and Payment Form
- ☐ Required fee of \$200 made payable to the *Bar of Arkansas*
- □ Self-addressed stamped envelope for the return of the proof of payment

According to Rule XIV(b) of the Rules Governing Admission to the Bar, a non-resident attorney requesting permission to participate in proceedings in a court in this State shall pay a fee of \$200 for each case in which the attorney is requesting to participate. Except as otherwise provided by Rule XIV, the non-resident attorney fee is a mandatory initial requirement.

Instructions for Completing the Form

Non-Resident Attorney Information

Provide the name, contact information, and a list of jurisdictions in which the non-resident attorney is licensed. If applicable, list bar numbers issued by the jurisdictions.

Case Information for Which You Seek Admission

Provide the name of the county and district (for those counties with two county seats), or the appellate court in which the non-resident attorney is wishing to appear pro hac vice. If the docket number is not yet assigned or known during the completion of this form, enter "to be determined."

Sponsoring Attorney Information

Provide the name and Arkansas Bar ID number of the attorney licensed in Arkansas with whom the non-resident attorney will be associated in the Arkansas proceedings.

Non-Resident Attorney Compliance with Rule

It is the responsibility of the non-resident attorney to read Rule XIV of the Rules Governing Admission to the Bar and adhere to it accordingly.



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Date	:						

Non-Resident Attorney Information							
Attorney Name							
Address							
City, State		Zip Code					
Phone Number							
Email Address							
Case Information for Whicl							
	Trou Cook Humboron						
Court							
Docket Number	Docket Number						
Case Name	Case Name						
Sponsoring Attorney Inform	mation						
Attorney Name		Arkansas Bar Number					
Non-Resident Attorney Compliance with Rule							
By signing this form, I am verifying I have read Rule XIV of the Rules Governing Admission to the Bar and a fee of \$200 is enclosed with this form.							
Signature		Date Signed					
	For Clerk's Office U	se Only					
Receipt Number							
Payment Type	Number	ID Number					