



Office of the Clerk
 Supreme Court of Arkansas
 Arkansas Court of Appeals

REQUEST FOR ATTORNEY BAR-MEMBERSHIP CARD

*Arkansas attorney bar-membership cards are issued by the Supreme Court Police Officers.
 There is a \$35 fee per card and all an expiration date of December 31st of the year of issuance.*

Date of Request _____

Attorney Information

Attorney Name _____

Bar Number _____ Email Address _____

Mailing Address _____ City, State Zip _____

Payment Information

If not paid within 30 days, this request will be cancelled and a new one must be submitted.

<input type="checkbox"/> In Person	Payment made payable to the <u>Bar of Arkansas</u> can be accepted the day of the confirmed appointment. Credit/debit cards are not accepted in the Clerk's Office.
<input type="checkbox"/> Online	Email this form to attylicenseinfo@arcourts.gov . Once received and processed by the Clerk's office, payment can then be made online through the attorney's portal.
<input type="checkbox"/> Via Mail	Payment made payable to the <u>Bar of Arkansas</u> can be mailed to: Clerk's Office 625 Marshall St., Ste 130 Little Rock, AR 72201

In-Person Appointment Information

Request a date and time for the issuance of your bar-membership card. The Clerk's office will confirm your appointment with the Supreme Court Police Officers and follow-up with you.

Date _____ Time _____

Acknowledgment (by Clerk's Office Request Only)

By signing this form, I do hereby attest the above information is correct, my Arkansas attorney's license is in good standing, and I am requesting a bar-membership card.

Attorney Signature _____ Date _____

State of _____ County of _____

On this _____ day of _____ 20_____, before me, the undersigned notary, personally appeared _____ known to me (or satisfactorily proven) to be the person whose name is subscribed.

[Seal of Office]

In witness whereof I hereunto set my hand and official seal.

 Signature of Notary Public

My Commission expires: _____

Clerk's Office Use Only

ID _____ Received _____ Billing _____ Payment Date _____ Issued _____ Staff _____