



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

REQUEST FOR CERTIFICATE OF GOOD STANDING

Date of Request _____

Number of Certificates Requested _____ x \$25 = _____ *total due*

Attorney Information

Attorney Name _____

Bar Number _____ Phone Number _____

Delivery Method *(each certificate issued and delivered has a \$25 fee)*

| | |
|---------------------------------------|--|
| <input type="checkbox"/> Email | Requestor would like the certificate(s) to be <i>e-mailed</i> to the following address(es): _____ _____ |
| <input type="checkbox"/> Mail | Requestor would like the certificate(s) to be <i>mailed</i> to the following address: Name _____ Address _____ City, State, Zip _____ |

Pay Online: Email this form to attylicenseinfo@arcourts.gov. Once this form has been received and processed by the Clerk’s office, payment can be made via GovPay through the attorney’s online portal.

Pay via Mail or in-person: Submit this form and payment made payable to the Bar of Arkansas to:
 Office of the Clerk 625 Marshall Street Little Rock, AR 72201

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

Clerk’s Office Use Only

iMIS _____ Received _____ Added to Billing _____ Payment Date _____
 Date Fulfilled _____ Staff _____