



Office of the Clerk
 Supreme Court of the State of Arkansas
 Arkansas Court of Appeals
REQUEST FOR BAR CARD

DATE OF REQUEST: _____

ATTORNEY INFORMATION	
NAME AS IT APPEARS ON BAR LICENSE	
TITLE	MR. MS.
BAR NO.	
PHONE NUMBER	
ADDRESS	
EMAIL ADDRESS	

PLEASE CHECK ONE:

REQUESTOR WOULD LIKE TO PAY:

ONLINE OR IN-PERSON

NOTE: SUPREME COURT POLICE OFFICER MUST BE AVAILABLE TO TAKE PHOTO FOR BAR CARD, PLEASE REQUEST DATE AND TIME SO THAT WE CAN ENSURE THAT AN OFFICER WILL BE PRESENT. **YOU MUST SHOW FORM OF PHOTO IDENTIFICATION**

DATE: _____

TIME: _____

QUESTION? – CALL 501-682-6849

****\$35.00 FEE PER CARD****

***NOTE: ONLINE PAYMENTS CANNOT BE MADE PRIOR TO OUR RECEIPT OF YOUR REQUEST FORM**

PLEASE REMIT PAYMENT ONLINE VIA [GOVPAY](#)
OR
 CHECK MADE PAYABLE TO: BAR OF ARKANSAS

SEND REQUEST FORM AND CHECK TO:
 OFFICE OF THE CLERK
 625 MARSHALL STREET
 LITTLE ROCK, AR 72201

ONLINE PAYMENTS- SEND REQUEST FORM TO:
attylicenseinfo@arcourts.gov

***NOTE: IF WE DO NOT RECEIVE PAYMENT WITHIN 30 DAYS YOU MUST SUBMIT A NEW REQUEST**