



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

REQUEST FOR CERTIFICATE OF GOOD STANDING

DATE OF REQUEST: _____

NUMBER OF CERTIFICATES REQUESTED: _____

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

PLEASE CHECK ONE:

- REQUESTOR WOULD LIKE THE CERTIFICATE(S) TO BE E-MAILED TO THE FOLLOWING:

EMAIL ADDRESS: _____

OR

- REQUESTOR WOULD LIKE THE CERTIFICATE(S) TO BE MAILED TO THE FOLLOWING:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

QUESTION? – CALL 501-682-6849

****\$25.00 FEE PER CERTIFICATE ****

***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**