

INSTRUCTIONS FOR COMPLETING RULE XIV, PRO HAC VICE INFORMATION AND PAYMENT FORM

The Rule XIV, Pro Hac Vice Information and Payment Form and the information contained herein are intended for processing proof of payment to the non-resident attorney requesting permission to participate in court proceedings in the state of Arkansas.

REQUIREMENTS AND INFORMATION

- Pro Hac Vice Information and Payment Form
- Required fee of \$200.00. Check or money order made out to the “Bar of Arkansas”.
- Self-addressed, stamped envelope for return of proof of payment

The Pro Hac Vice Information and Payment Form must be completed and signed by the non-resident attorney seeking permission to proceed as counsel of record *pro hac vice*. The form and required fee must be sent to the Clerk of the Arkansas Supreme Court and Court of Appeals. The clerk will not accept the required fee of \$200.00 unless accompanied by this form.

Provide the name, address, phone, bar number, and email address of the non-resident attorney.

Provide sponsoring attorney name and Arkansas bar number.

Court: Provide the name of the county and district (for those counties with two county seats), or the appellate court in which you are wishing to appear *pro hac vice*. Provide the case name and docket number if known.

The Clerk of the Courts only requires the Information and Payment Form along with the required fee of \$200.00. The receipt of payment will be returned to you via the envelope you provide. You will then send the receipt of payment with your original filings to the court in which you wish to proceed as counsel of record *pro hac vice*.

Mailing address:

Office of the Clerk

Justice Building

625 Marshall Street

Suite 130

Little Rock, Arkansas 72201

**Office of the Clerk
Supreme Court of the State of Arkansas
Arkansas Court of Appeals
Justice Building
625 Marshall Street
Little Rock, AR 72201**

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

PLEASE PRINT

Date: _____ Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Email Address: _____@_____

Court in Which You Seek Admission Pro Hac Vice: _____

Docket No. and Case Name: _____

Sponsoring Attorney: _____/Bar No. _____

By signing this form, I am verifying I have read Rule XIV of the Rules
Governing Admission to the Bar.

Signature: _____ Bar No. _____

FOR CLERK'S OFFICE USE ONLY.

Receipt No.: _____ Date Entered: _____ Entered by: _____

Payment Type: _____ Check/Money Order No.: _____ IMIS ID _____