

In re: \_\_\_\_\_ )  
Name of Out-of-State Attorney \_\_\_\_\_ )

**Tribal Representation**  
**Certificate of Compliance**  
**For Pro Hac Vice Admission**  
**UTCR 3.170(9)**

I, \_\_\_\_\_ (print name), am an active attorney in the following State or Tribe \_\_\_\_\_ and I intend to seek *pro hac vice* admission in accordance with ORS 9.241 and UTCR 3.170(9) in the following Oregon court action or proceeding:

Case No.: \_\_\_\_\_ Court: \_\_\_\_\_

I certify that (check all that apply):

- I represent one of the following:
- The \_\_\_\_\_ Indian tribe in the above referenced matter, and the tribe will file an affidavit asserting the tribe's intent to intervene and participate in the state court proceeding and has affirmed the child's membership or eligibility of membership under tribal law.
  - A parent or Indian custodian and the \_\_\_\_\_ tribe has affirmed the child's membership or eligibility of membership under tribal law.
- I am an attorney in good standing in the following State or Tribe \_\_\_\_\_, as evidenced by the attached good standing certificate issued by the licensing authority in that jurisdiction.
- I am not subject to any pending disciplinary proceedings in any jurisdiction; **or**
  - I am subject to pending disciplinary proceedings in another jurisdiction, the nature and status of which are described in an attachment to this certificate.
- I will comply with applicable statutes, laws, and procedural rules of the State of Oregon; be familiar with and comply with disciplinary rules of the Oregon State Bar; and submit to the jurisdiction of the Oregon courts and Oregon State Bar with respect to acts and omissions occurring during my *pro hac vice* admission.
- My private law practice activities in Oregon are covered by professional liability insurance substantially equivalent to the Oregon State Bar Professional Liability Fund plan, as evidenced by the attached certificate of insurance coverage.
- I agree, as a continuing obligation of *pro hac vice* admission, to notify the trial court promptly of any changes in my insurance coverage, or my admission or disciplinary status in any other jurisdiction.
- I will provide to the Oregon State Bar a copy of the order admitting me *pro hac vice* in the above-referenced matter when such an order is granted. In the event *pro hac vice* admission is revoked for any reason, I will promptly notify the Oregon State Bar.
- I acknowledge that this certificate is valid for a period of twelve months from the date of the Acknowledgment of Receipt issued below, and that a renewal of this admission will be required in order for me to continue my *pro hac vice* admission in the matter for every twelve-month period thereafter.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**X** \_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_ Bar No.: \_\_\_\_\_  
(Home Jurisdiction)

Firm Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
FAX: \_\_\_\_\_  
Email: \_\_\_\_\_

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**Acknowledgment of Receipt**

As Director of Regulatory Services of the Oregon State Bar, I acknowledge receipt from the above-named out-of-state attorney of the Certificate of Compliance for Pro Hac Vice Admission and attachments for pro hac vice appearance in the above-referenced Oregon action or proceeding. The certificate is valid for a period of twelve months from the date of this acknowledgment.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**SEE MATERIALS ATTACHED:**

\_\_\_\_\_  
Sarra Yamin, *Interim Regulatory Counsel*