DISTRICT COURT, COUNTY, COLORADO Court Address:		
Plaintiff(s):	▲ COURT USE ONLY ▲	
Defendant(s):	Case Number:	
Applicant Attorney: Address: Phone Number: FAX Number: E-mail: Atty. Reg. #: [Colorado PPA#] Sponsoring Attorney: Address: Phone Number: FAX Number: E-mail: Atty. Reg. #:	(the motion cannot be processed unless a case number is included) Div.: Ctrm.:	
OUT OF STATE COUNSEL'S VERIFIED MO PRO HAC VICE ADMISSI	_	
Pursuant to C.R.C.P. 121 § 1-2, and Rule 205.3, [Name of Applicant Attorney] of the Law Firm of [Firm Name] of [City and State] moves for pro hac vice admission to practice before this Court in the above-captioned matter.		
AS GROUNDS FOR THIS MOTION, states and shows the Court the following:	[Name of Applicant Attorney]	
1. Under Rule 205.3, an attorney and couns from any other jurisdiction in the U discretion of a Colorado court of record, before the Court in a trial, argument as particular case in which the attorney is member in good standing of the Bar of associated in such cause at all stages of the court in the cou	nited States may, in the be permitted to participate and other proceeding in the employed, provided that a of the State of Colorado is	
2 [Name of Applicant Attorney] of [Firm Name] is a member in good standing		

	[State] [Name of Applicant Attorney] is assigned attorney registration or bar admission number in the State of
3.	[Name of Applicant Attorney] has also been licensed in the following jurisdiction(s): (States), under the following admission number(s) [If applicable: (Name of Applicant Attorney) was issued a Practice Pending Admission Certification on (date) and issued Practice Pending Admission Number (PPA No.)].
4.	[Name of Applicant Attorney] is in good standing in all Bars wherever admitted and has not been subject to any order of discipline or disability by any Bar, or had any request for pro hac vice admission denied or revoked.
	or
	[Name of Applicant Attorney] has been publicly disciplined, placed under an order of disability, or has had a request for pro hac vice admission denied or revoked in the following jurisdictions: (state the jurisdiction, the date of transfer to disability, the date of discipline, the date of the denial or revocation, or pro hac vice admission, the nature of the violation and the discipline imposed or the reason for the denial or revocation of pro hac vice admission).
5.	[Name of Applicant Attorney] has not previously sought pro hac vice admission in Colorado.
	or
	[Name of Applicant Attorney] has been admitted pro hac vice in the following Colorado cases in the preceding five years: (state the date, case name, and case number all other matters in Colorado in which pro hac vice admission has been sought and whether admission was granted or denied).
6.	[Name of Applicant Attorney] acknowledges that they are subject to all applicable provisions of the Colorado Rules of Professional Conduct, the Colorado Rules of Civil Procedure and other court rules, and that they have read such rules and will follow such rules.
7.	[Name and Registration No. of Sponsoring Attorney], is a member in good standing of the Bar of the State of Colorado.
8.	[Name of Sponsoring Attorney] will be present and participate in a meaningful and substantial manner throughout the proceedings and trial of this matter.

this Verified Motion requ	ne proceeding and have been notified of uesting pro hac vice admission: es' names and attorneys' names if
with the Clerk of the Color	Attorney] has filed a copy of this motion rado Supreme Court at the Office of Broadway, Suite 510, Denver, Colorado ree.
11. An affidavit setting forth qualifications and compliance	''s [Name of Applicant Attorney] is attached.
	d verifications, the Colorado licensed blicant Attorney verify their association
•	asel respectfully requests that the Court mey] pro hac vice, to practice before the
Respectfully submitted on the	day of, 20
	[Name of Applicant Attorney]
	[Reg. No. and State]
	[Street Address]
	[City, State, Zip]
	[Phone]
	and
	[Name of Sponsoring Attorney]
	[Reg. No.]
	[Street Address]
	[City, State, Zip]
	[Phone]

if

VERIFICATION

I declare under penalty of perjury u	inder the law of Colorado that the
foregoing Out of State Counsel's Verified	Motion Requesting Pro Hac Vice
Admission is true and correct, signed by	[Name of Sponsoring
Attorney and Registration No. this	day of, 20

VERIFICATION

I declare under penalty	of perjury u	nder the law o	of Colorado that the
foregoing Out of State Couns	el's Verified	Motion Reque	esting Pro Hac Vice
Admission is true and correct,	signed by	[Name o	of Applicant Attorney
and Registration No.] this	day of	, 20	

DISTRICT COURT,COUNTY, COLORADO Court Address:			
Plaintiff(s):	▲ COURT USE ONLY ▲		
Defendant(s):			
	Case Number: (the motion cannot be processed unless a case		
Applicant Attorney: Address:	number is included)		
Phone Number: FAX Number: E-mail:	Div.: Ctrm.:		
Atty. Reg. #: [Colorado PPA#]			
Sponsoring Attorney: Address:			
Phone Number:			
FAX Number: E-mail:			
Atty. Reg. #:			
CERTIFICATE OF SERV	 CE		
ODKIII IOIII D OI DDKV			
I HEREBY CERTIFY that I have on this sent by United States Mail, first class postage copies of Out of State Counsel's Verified Motio Admission of [Applicant Attorney], to:	prepaid, true and complete		
[Plaintiff/Defendant Attorney Name] [Street Address] [City, State, Zip] [Co-Plaintiff/Co-Defendant Attorney Name]			
[Co I tuntig] Co Defendant Attorney Name] [Street Address] [City, State, Zip] [Client Name]			
[Citent Name] [Street Address] [City, State, Zip]			
[Person Certifying the Service]			

DISTRICT COURT, COUNTY, COLORADO Court Address:		
Plaintiff(s):	▲ COURT USE ONLY ▲	
Defendant(s):	Case Number:	
Applicant Attorney: Address: Phone Number: FAX Number: E-mail: Atty. Reg. #: [Colorado PPA#] Sponsoring Attorney: Address: Phone Number: FAX Number: E-mail: Atty. Reg. #:	(the motion cannot be processed unless a case number is included) Div.: Ctrm.:	
AFFIDAVIT OF [Out of St	 ate Attorney	
1. My name is [Name of Applicant	Attorney]. I am an attorney ddress, City, State and Zip]; Number] and counsel to ed above. om I was admitted [State(s)] in [year(s)] for the District of	
 I am in good standing in all Bars where disciplinary or grievance proceedings has against me and I have never had a request 	ve been filed or are pending	

denied or revoked.

I am in good standing in all Bars wherever admitted, but I have been publicly disciplined, have been placed on disability, or have a pending disability or disciplinary matter in the following jurisdictions: (state the jurisdiction, the date of the disability or disciplinary action, the nature of the violation and the discipline imposed).

or

I am in good standing in all Bars wherever admitted, I have had a request for pro hac vice admission denied or revoked in the following jurisdictions: (state the jurisdiction, the date of the denial or revocation, and the circumstances for the denial or revocation).

4. I have not established domicile in the State of Colorado.

or

- I have established domicile in the State of Colorado and am practicing law in Colorado under PPA Number: [Applicant Attorney's Practice Pending Admission Number]
- 5. I have not established a place in Colorado from which I hold myself out to the public as practicing Colorado law, nor am I soliciting or accepting Colorado clients.

or

I have established a place in Colorado from which I hold myself out to the public as practicing Colorado law and am practicing law in Colorado under PPA Number: [Applicant Attorney's Practice Pending Admission Number]

6. I have not previously sought pro hac vice admission in Colorado.

or

I have been admitted pro hac vice in the following Colorado cases in the preceding five years: ______ (state date, case name, and case number for all other matters in Colorado in which pro hac vice admission has been sought and whether admission was granted or denied).

7. The party represented is _____ [Name of Party], (plaintiff/defendant) in this matter. I have notified (them/or Name of Party) of the Motion

	requesting permission for me to appear in this matter in this Colorado Court.
8.	I acknowledge that I am subject to all applicable provisions of the Colorado Rules of Professional Conduct, the Colorado Rules of Civil Procedure and other court rules; that I have read and will follow these rules throughout the pro hac vice admission; and that the Verified Motion complies with those rules.
9.	The Colorado licensed attorney who will associate with me is: [Name and Registration No. of Sponsoring Attorney]; [Street Address], [City, State, Zip]; [Telephone].
10.	I have paid the fee to the Clerk of the Colorado Supreme Court and separately provided a copy of the Verified Motion and this Affidavit to the Office of Attorney Registration, 1300 Broadway, Suite 510, Denver, Colorado 80203. Signed this day of, 20
Affidavit	e under penalty of perjury under the law of Colorado that the foregoing is true and correct, signed by of Applicant Attorney] this day of, 20