

**APPLICATION FOR LIMITED LICENSURE AS IN-HOUSE COUNSEL**

Please type or print

1. **Name:** Please complete the information in item 1 as you wish it to appear in the official records of the Supreme Court of Louisiana.

OMr. OMs.

(last name, first name, middle name)

**2. Date of Birth:**

**3. Addresses:** Louisiana Supreme Court Rule XIX, §8 requires that attorneys provide business and residence addresses. These addresses must be physical addresses and not post office boxes. You must designate your business or residence as your primary registration statement address. The primary registration statement address shall be a matter of public record. You may also designate an optional mailing address.

Primary Registration Statement Address (Public Record)	Secondary Address	Mailing Address (Optional)

Is your primary registration statement address a business or residence address?

\_\_\_\_\_

Business telephone number

Business fax number

Business e-mail address

**4. Nature of Application:**

Check one:

initial application

reapplication

If this is a reapplication, please state reason(s) therefore. (e.g. - left jurisdiction, change of limited practice status)

---

---

**5. Admissions to Practice Law:** Please list all jurisdictions in which you are licensed to practice law. Include your bar or attorney number, or other personal identifier, from that licensing entity. If you are admitted under a name that is different from the name indicated in item 1, please provide the name under which you are admitted. Use additional paper if necessary.

a. Jurisdiction Bar or attorney number

---

(last name, first name, middle name)

b. Jurisdiction Bar or attorney number

---

(last name, first name, middle name)

c. Jurisdiction Bar or attorney number

---

(last name, first name, middle name)

**6. Denials of Admission to Practice Law:** Have you ever been denied admission to practice before the bar of any jurisdiction based upon your character or fitness?

Check one.

Yes Please indicate jurisdiction(s):

No

7. **Employer:** Please indicate the name, address, and telephone number of your in-house employer.

Name of employer

Address

---

Telephone number

Name of person to contact to verify your employment status

---

Check one:

I am currently employed by the in-house employer

I expect to begin employment with the in-house employer on

**Certification:**

\_\_\_\_\_  
State

\_\_\_\_\_  
Parish or County

I, \_\_\_\_\_ (print name), the undersigned applicant for limited licensure as in-house counsel within the State of Louisiana, do hereby certify that I have read and am familiar with the Louisiana Rules of Professional Conduct and will abide by the provisions thereof.

I acknowledge that I am subject to the jurisdiction of the Supreme Court of Louisiana for disciplinary purposes.

Date:

\_\_\_\_\_  
Signature

**LAWYER DISCIPLINE ATTESTATION**

I hereby certify that no complaints are pending with any disciplinary authority in any jurisdiction, and that no charges of professional misconduct are pending against me in any jurisdiction. Appended to this statement are confirming certificates from the disciplinary authority in each jurisdiction in which I am admitted.

I further authorize notification to or from the entity governing the practice of law within each jurisdiction in which I am licensed to practice law of any disciplinary action taken against me.

I hereby certify that I am or will be exclusively employed by the employer specified in this application. I have advised my client that I am not a licensed Louisiana attorney.

I have read the foregoing application, and further attest that the information submitted in it is complete and true to the best of my knowledge and belief.

\_\_\_\_\_  
(signature of applicant)

The foregoing instrument was sworn to be subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
(signature of notary)

\_\_\_\_\_  
(name of notary)

**CERTIFICATE OF DISCIPLINARY HISTORY**

\_\_\_\_\_  
State

\_\_\_\_\_  
County

Re:

(Attorney name)

I **HEREBY CERTIFY** that I am duly appointed custodian of records of the entity that licenses or regulates attorneys in the above-referenced jurisdiction.

I **FURTHER CERTIFY** that the records of my office indicate that the above-referenced attorney is in good standing and that no complaints or charges of professional misconduct are pending.

Dated this                      day of

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(title)

**AFFIDAVIT OF EMPLOYER**

\_\_\_\_\_  
State

\_\_\_\_\_  
Parish

I, \_\_\_\_\_, am employed as \_\_\_\_\_  
(Name of official) (Title of official)

for \_\_\_\_\_  
(Name and address of employer)

\_\_\_\_\_  
and am authorized to attest to the following in connection with an application for limited  
li censure as in-house counsel.

I **HEREBY ATTEST** that the above-referenced employer is a corporation, association, or  
other legal entity (taken together with its respective parents, subsidiaries, and affiliates)  
authorized to transact business in this state that is not itself engaged in the practice of law or  
the rendering of legal service outside such organization, whether for a fee or otherwise, and  
does not charge or collect a fee for any legal representation or advice.

I **FURTHER ATTEST** that the above-referenced employer is aware that  
(name of applicant) is not licensed to practice law in  
Louisiana; that this individual seeking certification under the Louisiana Supreme Court's In-  
House Counsel Rule is/will be exclusively employed by this employer; the nature of the  
applicant's employment conforms to the requirements of the in-house counsel rule; and that  
this employer is not relying upon the Supreme Court of Louisiana or its agencies in any  
manner in employing this individual.

Finally, I hereby attest that applicant \_\_\_\_\_ is a person of  
good moral character.

\_\_\_\_\_  
(signature)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary