

**STATEMENT OF REQUIRED PRACTICE OF LAW
ADMISSION AND DISCIPLINE RULE 6, SECTION 1
(Admission on Reciprocity)**

Name: _____

Please be accurate and specific in setting out that you have actively engaged in the practice of law as defined by Admission and Discipline Rule 6, Section 1 for three of the five years immediately preceding the date of your application.

List all admission dates and the jurisdictions in which you are admitted:

Admission Date:_____ Jurisdiction:_____

Admission Date:_____ Jurisdiction:_____

Admission Date:_____ Jurisdiction:_____

Employer_____

Address _____

City _____ State_____ Zip Code_____

Position Held_____ Does position require you to be an attorney? yes _____ no _____

Dates Employed with this employer: Is practice limited to Federal Court? yes _____ no _____

From_____ To_____ **Total Years and Months**
Years_____ Months_____

Note: If employed in Indiana at the time of applying, give a brief description of current job responsibilities:

Employer_____

Address _____

City _____ State_____ Zip Code_____

Position Held_____ Does position require you to be an attorney? yes _____ no _____

Dates Employed with this employer: Is practice limited to Federal Court? yes _____ no _____

From_____ To_____ **Total Years and Months**
Years_____ Months_____

Federal Courts in which you admitted? _____

Designate an Indiana County for Order of Admission_____, County, Indiana

Employer _____
Address _____
City _____ State _____ Zip Code _____
Position Held _____ Does position require you to be an attorney? yes _____ no _____
Dates Employed with this employer: Is practice limited to Federal Court? yes _____ no _____
From _____ To _____ **Total Years and Months**
Years _____ Months _____

Employer _____
Address _____
City _____ State _____ Zip Code _____
Position Held _____ Does position require you to be an attorney? yes _____ no _____
Dates Employed with this employer: Is practice limited to Federal Court? yes _____ no _____
From _____ To _____ **Total Years and Months**
Years _____ Months _____

Employer _____
Address _____
City _____ State _____ Zip Code _____
Position Held _____ Does position require you to be an attorney? yes _____ no _____
Dates Employed with this employer: Is practice limited to Federal Court? yes _____ no _____
From _____ To _____ **Total Years and Months**
Years _____ Months _____

Employer _____
Address _____
City _____ State _____ Zip Code _____
Position Held _____ Does position require you to be an attorney? yes _____ no _____
Dates Employed with this employer: Is practice limited to Federal Court? yes _____ no _____
From _____ To _____ **Total Years and Months**
Years _____ Months _____