UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF INDIANA

SUPPLEMENTAL INFORMATION FOR ATTORNEYS SEEKING SPECIAL TEMPORARY MDL ADMISSION

	Party(s) Represented	
Prefix (check one):	☐ Ms. ☐ Mrs.	
Last Name:	First Name:	Middle Initial:
Generation (Sr, Jr, etc):		
Attorney Registration No.:		State:
Firm Name:		
Street Address:		
City:	State:	Zip:
Phone Number:	Fax Number:	
E-Mail Address:		
EDUCATION: College:	Dagmag	Year Completed
I C-11-		Year Graduated:
-		Teal Graduated.
Other Post-Graduate Schooling:		
Currently Admitted to Practice Bo	efore:	
Please list below all other courts to	to which you have been admitted to	o practice, excluding Pro Hac Vice

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF INDIANA

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(continued)

Applicant: I,	, do solemnly swear or affirm that:		
	I am a member in good standing of the bar of every jurisdiction to which I am admitted to practice.		
	I have read and will abide by the Local Rules of the United States District Court for the Northern District of Indiana, including Appendix B: Standards for Professional Conduct Within the Seventh Federal Judicial Circuit.		
	I declare under penalty of perjury that the statements in this application are true and correct.		
	Dated:		
Si		Signature of Applicant	
Considered	and approved.		
	Date:		
		Judge, United States District Court	