

**UNITED STATES DISTRICT COURT  
DISTRICT OF MONTANA**

**Request for Certificate of Good Standing  
or Duplicate Admissions Certificate**

Name: \_\_\_\_\_  
*(Last Name) (First Name) (MI) (Suffix)*

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Montana Bar Number: \_\_\_\_\_

**Type of Certificate Requested:**

Certificate of Good Standing

Duplicate Certificate of Admission

**Delivery:**

By E-mail to this e-mail address \_\_\_\_\_

By U.S. Mail to this address \_\_\_\_\_

Pick up at Clerk's Office Intake counter in this division \_\_\_\_\_

**Additional Comments/Information:**

**DATED** this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
*(Signature)*