

**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)