

U.S. Department of Justice Attorney's Entry on Duty Bar Certification

I,	, understand that, at all times while employed as a Department of Justice attorn	ney or in
any position that is	involves the practice of law in the performance of my official duties (including, but not lim	nited to,
the providing of le	egal advice), I must maintain an "active" membership in the bar of at least one State, territo	ory, or
the District of Col	lumbia. Under Department policy, an "active" membership is a class, category, or status of	bar
membership in an	attorney's licensing jurisdiction that authorizes the attorney to practice law as a Departmen	nt
attorney in at least	t one State, territory, or the District of Columbia. I understand that questions about whether	r a
particular member	rship class, category, or status satisfies the "active" membership requirement should be dire	rected to
an appropriate ethi	nics advisor in my component or the Department's Professional Responsibility Advisory Off	fice.
I understand that I	I must satisfy all of the requirements imposed by my licensing jurisdiction for maintaining s	such
"active" membersl	ship, and that I am personally responsible for paying any membership dues or fees and main	ntaining
current and accura	ate contact information with my licensing jurisdiction. I hereby certify that I am an "active"	member
of the bar of	and that my bar membership number (if any) is In	addition
I hereby certify that	at the licensing jurisdiction in which I maintain an "active" membership has current and ac	curate
contact informatio	on for me, including my email address and my office and/or residential address(es). Attache	ed to this
form is documenta	ary proof of my "active" bar status.	
I also understand t	that, if at any time during my employment as a Department attorney (or in any position that	t involves
the practice of law	w in the performance of my official duties) I fail to maintain an "active" membership in the	bar of at
least one State, ter	rritory, or the District of Columbia, I must self-report this fact to my component's management	nent and
the Department's (Office of Professional Responsibility. (See Justice Manual § 1-4.110 for detailed information	on
regarding the repo	orting obligations and steps to take if a lapse of "active" membership occurs.)	
I further understan	nd that failure on my part to maintain an "active" bar membership at any time during my	
employment as a I	Department attorney (or in any position that involves the practice of law in the performance	e of my
official duties) ma	ay result in disciplinary action against me. Consistent with 28 U.S.C. §530C(c)(1), failure to	to
maintain "active"	status also may result in my pay being withheld or retroactively recovered.	

In addition, for purposes of my background investigation, I hereby certify that, in addition to being an "active" member of the bar in the jurisdiction identified above, I am a member of the bar of each State or territory listed below:

State	Date of Admission (Provide month, day and year)	Membership Status (For each State listed, you must check one) Active Inactive	

Have you used any drug or any controlled substance	e (including	g marijuana or any prescription drug				
not prescribed to you) in violation of state or federal law since becoming a member of the Bar of						
any State, territory, or the District of Columbia?	_Yes	No				
	Ci au ataun					
	Signature	3				
	Date					

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