



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 attorney or in any
(Name)
position that involves the practice of law in the performance of my official duties (including, but not limited to, the providing of
legal advice), I must maintain an "active" membership in the bar of at least one State, territory, or the District of Columbia. I also
understand that I must satisfy all of the requirements imposed by my licensing jurisdiction for maintaining such "active"
membership, and that I am personally responsible for paying any membership dues or fees. I hereby certify that I am an "active"
member of the bar in _____ and that my bar membership number (if any) is _____.
(State, territory or District of Columbia)

I further understand that, if at any time during my employment as a Department attorney or in any position that involves the
practice of law in the performance of my official duties I fail to maintain an "active" membership in the bar of at least one State,
territory, or the District of Columbia, I must self-report this fact to my component's management and the Department's Office of
Professional Responsibility. (See [the Justice Manual](#) for detailed information regarding your obligation to self-report and steps to
take if a bar lapse occurs.)

I further understand that failure on my part to maintain an "active" bar membership at any time during my employment as a
Department attorney (or in any position that involves the practice of law in the performance of my official duties) may result in
disciplinary action against me. Consistent with 28 U.S.C. §530C(c)(1), failure 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 (including 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

Signature

Date