



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 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 or territory, or the District of Columbia. 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 Department attorney in at least one State or territory, or the District of Columbia. I understand that questions about whether a particular membership class, category, or status satisfies the "active" membership requirement should be directed to an appropriate ethics advisor in my component or the Department's Professional Responsibility Advisory Office.

I 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 and maintaining current and accurate 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 _____. Attached to this form is documentary proof of my "active" bar status.

Please acknowledge the following statement by checking the box. I understand that after I begin employment with the Department, if my email, office, and/or residential addresses are no longer current, I am required to promptly update my contact information with my licensing jurisdiction(s).

I also 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 or territory, or the District of Columbia, I must report this fact to my component's management and the Department's Office of Professional Responsibility. (See Justice Manual § 1-4.110 for detailed information regarding the reporting obligations and steps to take if a lapse of "active" membership 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

I declare that I have read the above and reviewed the information I provided in this form and the attached proof of active bar membership, which is to the best of my knowledge and belief, true, correct, and complete.

Signature

Date