

**U.S. Department of Justice
OARM
Special Assistant United States's Bar Certification Form**

I, _____, understand that each Department of Justice
(Name)

attorney and/or Special Assistant United States Attorney (SAUSA) must, at all times while employed at the Department, maintain "active" membership in the bar of at least one State, territory, or the District of Columbia. I hereby certify that I am an "active" member of the bar in _____ and that my Bar
(State, territory or District of Columbia)

membership number (if any) is _____.

I further understand that failure on my part to maintain an "active" bar membership at any time during my employment and/or appointment as SAUSA with the Department may result in the termination of my SAUSA appointment with the agency.

Signature

Date