UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MISSOURI

		DIVISION
In re	DEBTOR NAME)
) Case No
) Chapter
	Debtor(s).)

VERIFIED MOTION FOR ADMISSION PRO HAC VICE

Pursuant to LR 2090(B)(1) of the United States Bankruptcy Court for the Eastern District of Missouri, and Rule 12.01(F) of the local rules of the United States District Court for the Eastern District of Missouri, I, _______, move to be admitted pro hac vice to the bar of this Court for the purpose of representing in the instant matter. In support of this motion, I submit the following information as required by Rule 12.01(F):

- a. Full name of the movant-attorney;
- b. Address and telephone number of the movant-attorney;
- c. Name of the firm or letterhead under which the movant practices:
- d. Name of the law school(s) movant attended and the date(s) of graduation therefrom:
- e. State and federal bars of which the movant is a member, with dates of admission and registration numbers, if any;
- f. Statement that I am a member in good standing of all bars of which I am a member and that I am not under suspension or disbarment from any bar;
- g. Statement that I do not reside in the Eastern District of Missouri, am not regularly employed in this District, and am not regularly engaged in the practice of law in this District.

Movant attests under penalty of perjury to the truth and accuracy of the foregoing facts, and respectfully requests that this motion be granted and that movant be admitted pro hac vice to the bar of this Court and be allowed to appear in the instant matter.

Attorney Name, Fed. & State Bar #
Attorney for Movant/Debtor
Address
City, State, Zip Code
Phone: Fax:
e-mail:

CERTIFICATE OF SERVICE

electronically on the day of 20_	ct copy of the foregoing document was filed , with the United States Bankruptcy Court, and est via e-mail by the Court's CM/ECF System as ice List.
electronically with the United States Ba	ct copy of the foregoing document was filed nkruptcy Court, and has been served by Regular ostage fully pre-paid, addressed to to the parties , 20
	/s/ Attorney Name, Fed. & State Bar # Attorney for Movant/Debtor Address City, State, Zip Code Phone: Fax:

e-mail