### **New Jersey Board of Bar Examiners**



#### CERTIFICATE OF GOOD STANDING

(AND ALTERNATE STATUS LETTER)

## **REQUEST FORM**

Section 1: Request Details				
Requests are generally completed within approximately two (2) weeks upon our rece	ipt.			
Attorney ID Number: Attorney Name:	· · · · · · · · · · · · · · · · · · ·			
Date of Admission:/ Daytime phone number: ()				
Select one or more requested documents below:  If you request a certificate of good standing but do not qualify, you will automatically be sent an appropriate alternate attorney status letter. You may also request an alternate status letter.	Fee: \$20.00 per item			
<ul> <li>□ Certificate of Good Standing</li> <li>□ Certification of Court of Last Resort</li> <li>□ Select (check) one requesting State:</li> <li>□ NC; KY; OH; or VA</li> <li>□ Resignation in Good Standing Letter</li> <li>□ Retirement Status Letter</li> <li>□ Administrative Revocation Letter</li> <li>□ Administrative Ineligibility Letter</li> </ul>	# of items requested:			
Admission via Examination Letter – Provides certification that attorney took the New Jersey bar examination in order to be admitted in another jurisdiction on motion.				
Section 2: Mailing Information				
<ul> <li>Recipient Name</li> <li>Address Line 1</li> <li>Address Line 2 (if any)</li> </ul>				
• City: State: Zip Code				
Your Signature: Date:				

#### **Section 3: Submission Instructions**

Return this completed form—via mail or in-person—along with non-refundable payment <u>via check or money order</u> made payable as indicated below. <u>No starter checks or foreign checks/money orders are accepted; and no cash (by mail).</u>

Send via U.S. Postal Service to:
New Jersey Board of Bar Examiners
PO Box 973
Trenton, NJ 08625-0973

Send via Expedited Delivery (UPS, FedEx, etc.) to:
New Jersey Board of Bar Examiners
R. J. Hughes Justice Complex
25 Market Street, 8th Floor - North Wing
Trenton, NJ 08611

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#### Section 4: Instructions for Expedited Return of your Certificate/Letter

In lieu of receiving your certificate(s)/letter(s) via standard postal mail, you may include with your request form and payment a self-addressed, stamped envelope or <u>pre-paid</u>, pre-addressed envelope (FedEx, UPS, etc.) for our return of your certificate(s)/letter(s).

If you choose this option, you <u>must</u> complete the following "Proof of Payment" section below. If this information is not provided, your document will be sent to you via regular mail.

# PROOF OF PAYMENT FOR EXPEDITED DELIVERY SERVICE

Recipient's Name:		 	
Recipient's Mailing Address:			
Expedited Service Car	rriar		
(e.g., FedEx, UPS, etc			
Tracking ID #:			
Fee Amount Paid:			
(if known)			
Payment Date:	<del></del>		