



**Coversheet for APR 8(b)  
Exception for Particular Action or Proceeding  
(Pro Hac Vice)**

**Note:** Only one applicant and case per coversheet. Please print or type. Your cancelled check serves as your receipt. This form must be filed together with a copy of the motion and payment of the **\$415 nonrefundable fee** to:  
Washington State Bar Association  
1325 4<sup>th</sup> Ave. Ste 600  
Seattle, WA 98101-2539

**Applicant Seeking Admission:**

Full Name: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Licensed in State: \_\_\_\_\_ Bar Number: \_\_\_\_\_

**Associated Washington Lawyer:**

Full Name: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Licensed in State: \_\_\_\_\_ Bar Number: \_\_\_\_\_

**Case for Which Admission Is Sought:**

_____	_____	_____
Case No.	Court	Name of Case

**Application Fee Paid By:** \_\_\_\_\_

*For Credit Card Payment: Note: Our service provider will charge you a separate, non-refundable transaction fee of 2.5% on all bank card transactions. There is no transaction fee if you mail in a check.*

MC/Visa/Amex No: \_\_\_\_\_ Exp.: \_\_\_\_\_  
 (Circle One)

**Billing Address** (if different from above): \_\_\_\_\_  
 Street or PO Box  
 \_\_\_\_\_  
 City State Zip Code

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

(Please Print)

<i>For office use only – Pro Hac Vice Fees – 42290 – ADMISS</i>	
Date _____	Amount \$ _____
Check No. _____	App. No. _____