

From:  
Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Certification

To : United States District Court for the District of Puerto Rico  
Federico Degetau Federal Bldg., Room 150 – Office of the Clerk  
150 Carlos Chardón Street  
San Juan, Puerto Rico 00918-1767

Re : Request for Attorney Exemption of the Annual Bar Membership Renewal Fee

Date : \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_  
Name [Agency Head or Designee] TITLE

Attest that the following attorney(s) is(are) employed by our Agency, and included is the information regarding the name, position, effective date and bar membership:

Name	Position	Effective Date	USDC-PR Bar No.

In \_\_\_\_\_, \_\_\_\_\_, on \_\_\_\_\_.  
City State Date

\_\_\_\_\_  
Signature of Agency Head or Designee