

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