



IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF PUERTO RICO  
*Office of the Clerk of Court*

Request for Certificate of Good Standing

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

Name: \_\_\_\_\_ Bar No. \_\_\_\_\_

Telephone Number \_\_\_\_\_

Mailing Address (where certificate will be sent):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(do not write below this line – for official use only)**

Bar Fees \_\_\_\_\_

Date of Admission to the Bar \_\_\_\_\_