



Office of the Clerk  
 Supreme Court of Arkansas  
 Arkansas Court of Appeals

## REQUEST FOR ATTORNEY BAR-MEMBERSHIP CARD

*Arkansas attorney bar-membership cards are issued by the Supreme Court Police Officers.  
 There is a \$35 fee per card and all have an expiration date of December 31<sup>st</sup> of the year of issuance.*

Date of Request \_\_\_\_\_

### Attorney Information

Attorney Name \_\_\_\_\_

Bar Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

### Payment Information

*If not paid within 30 days, this request will be cancelled and a new one must be submitted.*

<input type="checkbox"/> <b>In Person</b>	Payment made payable to the <u>Bar of Arkansas</u> can be accepted the day of the confirmed appointment. Credit/debit cards are not accepted in the Clerk's Office.
<input type="checkbox"/> <b>Online</b>	Email this form to <a href="mailto:attylicenseinfo@arcourts.gov">attylicenseinfo@arcourts.gov</a> . Once received and processed by the Clerk's office, payment can then be made online through the attorney's portal.
<input type="checkbox"/> <b>Via Mail</b>	Payment made payable to the <u>Bar of Arkansas</u> can be mailed to: Clerk's Office 625 Marshall St., Ste 130 Little Rock, AR 72201

### In-Person Appointment Information

Request a date and time for the issuance of your bar-membership card. The Clerk's office will confirm your appointment with the Supreme Court Police Officers and follow-up with you.

Date \_\_\_\_\_ Time \_\_\_\_\_

### Acknowledgment (by Clerk's Office Request Only)

*By signing this form, I do hereby attest the above information is correct, my Arkansas attorney's license is in good standing, and I am requesting a bar-membership card.*

Attorney Signature \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, before me, the undersigned notary, personally appeared \_\_\_\_\_ known to me (or satisfactorily proven) to be the person whose name is subscribed.

[Seal of Office]

In witness whereof I hereunto set my hand and official seal.

\_\_\_\_\_  
*Signature of Notary Public* My Commission expires: \_\_\_\_\_

### Clerk's Office Use Only

ID \_\_\_\_\_ Received \_\_\_\_\_ Billing \_\_\_\_\_ Payment Date \_\_\_\_\_ Issued \_\_\_\_\_ Staff \_\_\_\_\_