

REQUEST FOR A CERTIFICATE OF GOOD STANDING

OR A WALL CERTIFICATE

File this request form in

miscellaneous case number 1:24-mc-2

ATTORNEY INFORMATION

Full Name: _____ SDNY Bar Code: _____

Firm/Company Name: _____

Address: _____

City: _____ State _____ Zip: _____

Phone: () _____ ---- _____ Email: _____

Date of Admission to the Southern District of NY : _____

Requesting: Certificate Wall Certificate

Signature of Attorney: _____

Note: Attach this pdf to your electronic request for Certificate of Good Standing or Wall Certificate. Also, payment of the fee shall be paid via pay.gov within the event request. If you need assistance with filing this document, see our website for further instructions.

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