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| **UNITED STATES**  **v.**  **ACCUSED’S NAME Rank USMC/USN** |  | **NOTICE OF APPEARANCE**  **DATE** |

1. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, admitted to practice law, currently in good standing before the bar of the highest court of the State(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and, having appeared as counsel in United States military courts-martial on approximately \_\_\_\_\_\_\_\_\_\_\_\_ occasions during my legal career, military or civilian, hereby enter appearance as attorney on behalf of the accused in the above captioned court-martial to do all that is necessary in connection therewith. I certify that I am not now de-certified or suspended from practice in Navy-Marine Corps courts-martial by the Judge Advocate General of the Navy.

2. I hereby certify that I have obtained a copy and agree to abide by: (1) the Rules for Courts-Martial and the Military Rules of Evidence set forth in the current editions of the Manual Courts-Martial; (2) JAG INSTRUCTION 5803.1E series (Professional Conduct of Attorneys Practicing Under the Cognizance and Supervision of the Judge Advocate General); (3) the Uniform Rules of Practice Before Navy-Marine Corps Courts-Martial; and (4) the Western Judicial Circuit Rules of Court. I agree to provide, upon request by the Circuit Military Judge or designee, a copy of the professional responsibility rules applicable to the Bar of the State in which I am licensed to practice law.

3. Unless indicated otherwise by the accused, all post-trial matters, including the accused’s copy of the record of trial should be served on the undersigned. For purposes of this trial and all subsequent review matters, notice to and service upon the undersigned may be affected at the address listed below.

1. Under penalty of perjury, I swear or affirm all information on this notice of appearance is true, correct, and complete. Signed this date, \_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

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Signature

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Printed full name under which licensed to practice law

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State(s) admitted to practice law

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State Bar Number(s)

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Voice Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_