



Supreme Court • The Judiciary
Commonwealth of the Northern Mariana Islands

REQUEST FOR CERTIFICATE OF GOOD STANDING

CNMI Bar Number:
Full Name:
Other Names also known as:
Date of Admission to the CNMI Bar:
Current Mailing Address:
Current Phone Number:
Instructions (please provide details as to where and how the certificate should be forwarded):

	Quantity	Amount	Total
Certificate	_____	@ \$50.00 each =	\$_____
		Total Amount Enclosed:	\$_____

Please make check payable to the “**CNMI TREASURY**” and send to the following address:

CNMI SUPREME COURT
Bar Admissions
P.O. Box 502165
Saipan, MP 96950

Signature

Date