

## REQUEST FOR A CERTIFICATE OF GOOD STANDING OR A WALL CERTIFICATE

File this request form in  
miscellaneous case number 1:22-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: \_\_\_\_\_

**New info:** 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.