UNITED STATES DISTRICT COURT

DISTRICT OF OREGON

D. JEANETTE	FINICUM, ET AL	Case No.: 2:18-CV-00160-SU			
	Plaintiff(s),				
v.		MOTION FOR LEAVE TO APPEAR <i>PRO HAC VICE</i>			
BUREAU OF L	AND MANAGEMENT, ET AL				
	Defendant(s).				
Attorn	ey John M. Pierce	requests special	admission pro hac		
vice to the Ba	r of the United States District Cou	rt for the District of Oregon	n in the above-		
captioned case	e for the purposes of representing	the following party (or par	ties):		
In sup	port of this application, I certify th	nat: 1) I am an active mem	ber in good standing		
with the Califo	State Bar; and 2) that I	I have read and am familia	r with the Federal		
Rules of Evid	ence, the Federal Rules of Civil ar	nd Criminal Procedure, the	Local Rules of this		
Court, and thi	s Court's Statement of Professiona	ılism.			
I unde	rstand that my admission to the Ba	ar of the United States Dist	rict Court for the		
District of Ore	egon is solely for the purpose of li	tigating in the above matter	r and will be		
terminated up	on the conclusion of the matter.				
(1)	PERSONAL DATA:				
()	Name: Pierce, James				
	(Last Name)	(First Name)	(MI) (Suffix)		
	Agency/firm affiliation: Pierce	Bainbridge P.C.			
	Mailing address: 355 S. Grand	Avenue, 44th Floor			
	City: Los Angeles	State:CA	Zip: 90071		
	Phone number: (213) 400-0725	Fax number:			
	Business e-mail address: jpierce	@piercebainbridge.com			

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(2)	(2) BAR ADMISSION INFORMATION:						
	(a)	State bar admission(s), date(s) of admission, and bar number(s): California - 2007 - SBN 250443					
	(b)	Other federal court admission(s) and date(s) of admission: CDCA - 250443 - 2007; NDCAL - 250443-2012; WDPA - 2001; EDCA - 250443 - 2012; EDTEX - 2020					
(3)	CER'	CERTIFICATION OF DISCIPLINARY ACTIONS:					
7		I am not now, nor have I ever been, subject to any disciplinary action by any state or federal bar association or subject to judicial sanctions.					
		I am now or have been subject to disciplinary action by a state or federal bar association or subject to judicial sanctions. (Attach letter of explanation.)					
(4)	Pursu respo require and the	CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE: Pursuant to LR 83-3, I have professional liability insurance, or financial responsibility equivalent to liability insurance, that meets the insurance requirements of the Oregon State Bar for attorneys practicing in this District, and that will apply and remain in force for the duration of the case, including any appeal proceedings.					
(5)	I ackr mana applio	CM/ECF REGISTRATION: I acknowledge that I will become a registered user of the Court's case management and electronic case filing system (CM/ECF) upon approval of this application, and I consent to electronic service pursuant to Fed. R. Civ. P. 5(b)(2)(E) and the Local Rules of the District of Oregon.					
		rney Seeking <i>Pro Hac Vice</i> Admission: I have read and understand the 3-3, and I certify that the above information is true and correct.					
DATE	D: <u>11/19</u>	9/2021					
		/s/ John M. Pierce					
		(Signature)					
		(-8)					

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REQUIREMENT TO ASSOCIATE WITH LOCAL COUNSEL:

LR 83-3(a)(1) requires applicants for <i>pro ha</i> unless requesting a waiver of the requirement			with local co	ounsel,				
To request a waiver of the requirement to as following box:	sociate with local	counsel und	ler LR 45-1,	check the				
I seek admission for the limited purpose of filing a motion related to a subpoena that this Court did not issue. Pursuant to LR 45-1(b), I request a waiver of the LR 83-3(a)(1) requirement to associate with local counsel and therefore do not include a certification from local counsel with this application.								
To associate with local counsel, provide the following information about local counsel, and obtain the signature of local counsel.								
Name: PHILPOT, J. MORGAN								
(Last Name)	(First Name)		(MI)	(Suffix)				
OSB number: <u>144811</u>	_							
Agency/firm affiliation: JM PHILPOT LAW, F	PLLC							
Mailing address: 620 EAST 100 NOTH								
City: ALPINE	_State: UTAH	Zip:		84004				
Phone number: (801) 891-4499	_Fax number:							
Business e-mail address: morgan@jmphilpot.com								
CERTIFICATION OF ASSOCIATE LO	CAL COUNSEL	ı :						
I certify that I am a member in good standin understand the requirements of LR 83-3, and number 2:18-cv-00160-SU	_	as designate						

(Signature of Local Counsel)

/s/ J. Morgan Philpot

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DATED: 11/19/2021