



Office of the Clerk  
Supreme Court of the State of Arkansas  
Arkansas Court of Appeals

**REQUEST FOR CERTIFICATE OF GOOD STANDING**

DATE OF REQUEST: \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED: \_\_\_\_\_

ATTORNEY INFORMATION	
NAME AS IT APPEARS ON BAR LICENSE	
TITLE	MR. MS.
BAR NO.	
PHONE NUMBER	

**PLEASE CHECK ONE:**

- REQUESTOR WOULD LIKE THE CERTIFICATE(S) TO BE E-MAILED TO THE FOLLOWING:

EMAIL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

**OR**

- REQUESTOR WOULD LIKE THE CERTIFICATE(S) TO BE MAILED TO THE FOLLOWING:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

QUESTION? – CALL 501-682-6849

**\*\*\$25.00 FEE PER CERTIFICATE \*\***

**\*NOTE: ONLINE PAYMENTS CANNOT BE MADE PRIOR TO OUR RECEIPT OF YOUR REQUEST FORM**

PLEASE REMIT PAYMENT ONLINE VIA [GOVPAY](#)  
OR  
CHECK MADE PAYABLE TO: BAR OF ARKANSAS

SEND REQUEST FORM AND CHECK TO:  
OFFICE OF THE CLERK  
625 MARSHALL STREET  
LITTLE ROCK, AR 72201

ONLINE PAYMENTS- SEND REQUEST FORM TO:  
[attylicenseinfo@arcourts.gov](mailto:attylicenseinfo@arcourts.gov)

**\*NOTE: IF WE DO NOT RECEIVE PAYMENT WITHIN 30 DAYS YOU MUST SUBMIT A NEW REQUEST**