



**IN THE SUPREME COURT OF THE  
FEDERATED STATES OF MICRONESIA  
P.O. BOX PS-J  
PALIKIR, POHNPEI 96941  
salbert@fsm-supremecourt.org  
Attorney Registration Form**

Pursuant to GCO 2012-02, this form must be completed and returned by **December 1, 2017**

**INSTRUCTIONS TO ALL ATTORNEYS:** Review all given information relating to your active mailing address and contact information on the two individuals to receive service on your behalf. If missing or incorrect, provide information, make additions, changes or updates in the sections provided below. Attorneys may submit this form to the Chief Clerk of Courts in person, by email, or by mail.

Active Mailing Address

Contact Information for 1<sup>st</sup> Individual

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Contact Information for 2<sup>nd</sup> Individual

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**New and Corrected Information**

Active Mailing Address

Contact Information for 1<sup>st</sup> Individual

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Contact Information for 2<sup>nd</sup> Individual

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I certify that the information provided is true. If any statements are willfully false, I realize I am subject to discipline by the FSM Supreme Court.

\_\_\_\_\_  
ATTORNEY SIGNATURE

\_\_\_\_\_  
DATE