



Bar Association of the
Fifth Federal Circuit

FIFTH CIRCUIT APPELLATE ORAL ADVOCACY COMPETITION APPLICATION
John Minor Wisdom Courthouse, 600 Camp Street, N.O.L.A.
FRIDAY, JUNE 12, 2026

NOTE: If you are submitting your application as a firm or team, fill out only **one application** and include all members of your firm or team when remitting the application fee. All application fees are considered non-refundable administrative fees and are due at the time of submitting your application.

If you are the authorized applicant filling out a firm/team application, include all members information as set forth in *Section 7* on behalf of each team member. If you are filling out the application as an individual, leave *Section 7* blank.

1. Application Date: _____

2. First Name: _____

Last Name: _____

3. Address: _____

City, State, Zip Code: _____

4. Email Address: _____

5. State of Licensure: _____

Date of Licensure: _____

State Bar Number: _____

6. Application Type (*Check Only One*):

(Individual)

(Firm/Team)

7. Firm Name/Team Name (*Only If Applying as a Group*): _____

Members/Attorneys of Firm/Team

a) Name, Address, Telephone Number: _____

State of Licensure: _____

Date of Licensure: _____

Bar Number: _____

Firm Name: _____



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b) Name, Address, Telephone Number: _____

State of Licensure: _____ Date of Licensure: _____

Bar Number: _____ Firm Name: _____

c) Name, Address, Telephone Number: _____

State of Licensure: _____ Date of Licensure: _____

Bar Number: _____ Firm Name: _____

8. Please identify how you discovered or heard about the Fifth Circuit Appellate Oral Advocacy Competition program:

- Referral
- Online
- Publication (printed or digital material)
- Other: _____

NONREFUNDABLE APPLICATION FEE: Applicant hereby acknowledges and agrees at the time of completing and submitting this application, the administrative application fee (\$100 per team; \$50 per individual) remitted upon submission shall be nonrefundable.

I acknowledge and consent to the nonrefundable application fee.

TEAM APPLICATION CONSENT: The Applicant submitting this form on behalf of a firm or team acknowledges and represents their authority to complete and submit this application on behalf of himself/herself, their firm, and the identified team members designated in the application.

I am duly authorized to complete this application on behalf of the firm/team.

ACKNOWLEDGMENT:

By signing below, Applicant (and each designated member if applying as a firm/team) attests that he/she is a member(s) of BAFFC, in good standing with his/her state bar(s), and have no current disciplinary issues pending. Applicant further acknowledges that they have carefully read this form and aver that the information contained herein are true, correct, and accurate. Applicant further



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acknowledges if any information contained herein is discovered to be inaccurate or requires amendment or modification, they shall bring such concerns to BAFFC as soon as possible.

SIGNATURE: _____

PRINT NAME: _____

SUBMISSION INSTRUCTIONS:

Remit the completed document to BAFFC electronically with the subject line “YLC Moot Court” via email: donna@baffc.org. Use this link to submit the registration fee: [PAY REGISTRATION FEE](#). Applications will not be accepted until the registration fee has been paid.

No application and registration fee will be accepted after end of business on May 15, 2026.

Questions? Please send to Executive Director Donna C. Cuneo via email at donna@baffc.org.