



**FILED**  
06/20/2022  
Bowen Greenwood  
CLERK OF THE SUPREME COURT  
STATE OF MONTANA  
Case Number: DA 22-0054

**COMMISSION ON CHARACTER AND FITNESS  
OF THE SUPREME COURT OF THE STATE OF MONTANA**

33 South Last Chance Gulch, Suite 1B • P.O. BOX 577 • HELENA, MONTANA 59624  
(406) 442-7660 Fax (406) 442-7763 Web Site: [www.montanabar.org](http://www.montanabar.org)

DA 22-0054

June 16, 2022

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P.O. Box 577  
Helena, MT 59624  
[seconnor@montanabar.org](mailto:seconnor@montanabar.org)

Clerk of the Montana Supreme Court  
Bowen Greenwood  
P.O. Box 202003  
Helena, MT 59620-3003

RE: Montana *Pro Hac Vice* Application

Dear Clerk:


Enclosed is a copy of an application to appear *pro hac vice* before your court or agency from the attorney listed below.

Donald Manwell Falk  
Schaerr Jaffe LLP  
Four Embarcadero Center, Suite 1400  
San Francisco, CA 94111

The attorney has complied with the rules governing a *pro hac vice* appearance and is currently in good standing with the other state or jurisdiction(s) in which they are admitted. Further, the Montana counsel listed in the application is in good standing with the State Bar of Montana.

**This is the 1st appearance for the attorney and the 1st appearance for the firm.** under the *pro hac vice* rules. Section VI(C) of the Rules for Admission to the State Bar of Montana states: *Except upon a showing of good cause, no attorney or firm may appear pro hac vice in more than two actions or proceedings in any state court or administrative agency in Montana.* Please provide my office with a copy of your decision to grant or deny this application. Please contact me at (406) 447-2204 if you have questions or need further information.

Sincerely,

  
Sean O'Connor  
Bar Admissions Assistant

Enclosure

cc: Donald Manwell Falk  
Bryan Tipp

**FILED**

JUN 20 2022

Bowen Greenwood  
Clerk of Supreme Court  
State of Montana

Atty Status	Jurisdiction(s) <u>CA</u> <input checked="" type="checkbox"/> <u>DC</u> <input checked="" type="checkbox"/>
Discipline	<u>NONE</u>
Appearance: Applicant	<u>ST</u> Firm <u>ST</u>
MT Attorney	<u>SBM</u> <input checked="" type="checkbox"/> <u>ODC</u> <input checked="" type="checkbox"/>

(Boxes for State Bar use only.)

VERIFIED ONLINE

#68806633
63-22
Application Number <u>06/16/2022</u> <u>SD</u>
Date Received <u>\$385.00</u> Staff Initials <u>29706</u>
Fee Paid <u>06/16/2022</u> Check No.
Date Sent to Court or Agency

STATE BAR OF MONTANA  
P.O. Box 577, Helena, MT 59624  
Street Address: 7 West 6<sup>th</sup> Ave., Suite 2 B, Helena, MT 59601  
Telephone: (406) 442-7660  
Fax: (406) 442-7763

\$118.30 INV# 16855

### PRO HAC VICE APPLICATION

The original application must be submitted to the State Bar of Montana with a fee of \$385 for each *pro hac vice* appearance requested **and** a certificate of good standing from each state the attorney is a member of.

- |                            |                     |                                |
|----------------------------|---------------------|--------------------------------|
| <u>Donald Manwell Falk</u> | <u>415-562-4942</u> | <u>dfalk@schaerr-jaffe.com</u> |
| Applicant's Name           | Phone               | E-Mail                         |
- Schaerr Jaffe LLP  
Firm Name (List all firm(s) with which you are associated.)
- |  |                      |           |              |
|--|----------------------|-----------|--------------|
| <u>Four Embarcadero Center, Suite 1400</u> | <u>San Francisco</u> | <u>CA</u> | <u>94111</u> |
| Office Address                             | City                 | State     | Zip          |
- |                        |                |           |              |
|------------------------|----------------|-----------|--------------|
| <u>4416 Harbord Dr</u> | <u>Oakland</u> | <u>CA</u> | <u>94618</u> |
| Residence Address      | City           | State     | Zip          |
- List the name, address, and telephone number of the active member of the State Bar of Montana who is the attorney of record in the case for which this application is being made.

<u>Bryan Tipp Tipp Coburn &amp; Associates PC</u>	<u>(406) 549-5186</u>
Attorney & Firm Name	Daytime Phone Number
<u>2200 Brooks Street</u>	<u>Missoula</u>
Address	City
	<u>MT</u>
	<u>59806</u>
	State Zip
- List all state and federal courts in which you have been admitted to practice and the dates of admission and provide certification of good standing for each. **Do not** include pro hac vice admissions.

A. State Courts: California (12/6/90); District of Columbia (1/8/93)

B. Federal Courts: Please see attached list of all admissions.

7. Are you currently suspended, disbarred, or otherwise not licensed to practice in any of the above courts?  
If so, attach copies of all relevant court documents or disciplinary documents. \_\_\_ Yes x No
8. Are you subject to pending disciplinary proceedings in any jurisdiction? \_\_\_ Yes x No  
If so, attach a description of the nature and status of each pending disciplinary proceeding.
9. Do you maintain a residence in Montana? \_\_\_ Yes x No
10. Are you regularly employed in Montana? \_\_\_ Yes x No
11. Are you regularly engaged in the practice of law or in substantial business or professional activities in Montana? \_\_\_ Yes x No
12. Do you have an application for admission to the State Bar of Montana pending? \_\_\_ Yes x No
13. List the title of each state court and cause in Montana in which you **OR YOUR FIRM** have filed an application to appear as counsel pro hac vice, the date of each application, and whether it was granted or denied. *(Do not list Federal court pro hac vice appearances.)*

**List the current title, court, and cause number for which you are applying.**

Title, Court, Cause #	County	Date	Granted: (Yes, No)
A. Previous Cases: <u>None</u>			
B. CURRENT Case: (please include County) _____			
<u>Badaruddin v. State of Montana, Montana Supreme Court, No. DA 22-0054</u>			


14. I agree to comply with the applicable statutes, laws, and procedural rules of the State of Montana. I further agree to be bound by the Montana Rules of Professional Conduct (except as to Rules 6.1-6.4) and will submit to the jurisdiction of the Montana courts, the Montana disciplinary process, and the State Bar of Montana with respect to acts and omissions occurring during admission under this application.
15. I understand that a lawyer not admitted to practice in Montana is subject to the disciplinary authority of Montana for conduct that constitutes a violation of the Montana Rules of Professional Conduct and that: a) involves the practice of law in Montana by that lawyer; or b) involves that lawyer holding himself or herself out as practicing law in Montana; or c) involves the practice of law in Montana by another lawyer over whom this lawyer has the obligation of supervision or control.
16. I state that payment has been made to the State Bar of Montana in accordance with the requirements of Section IV of the Rules for Admission and in accordance with the requirements of Rule 6 of the Rules for Lawyer Disciplinary Enforcement.
17. I understand I have an on-going obligation to advise the State Bar of Montana and court/administrative agency if my standing or status changes in any of the jurisdictions in which I am admitted during the term of my pro hac vice admission.

18. I agree to provide the State Bar of Montana with the court or administrative agency's order to grant or deny this application. (All applications will be counted as an appearance unless the State Bar of Montana is advised the application was denied by the Court.)
19. I agree to notify the State Bar of Montana of any appeals if the case is referred to a higher court. (If the above action proceeds to a court of higher jurisdiction, I understand the appealed case will not be counted as an additional appearance.)
20. I agree to provide current certificates of good standing from the jurisdiction(s) in which I am admitted.
21. I understand that the \$385 assessment is an **annual** assessment and agree to promptly pay the assessment as long as this proceeding is pending before a Montana administrative agency or any Montana court (except federal court).

State of California

County of Alameda

The above statements are true based upon applicant's knowledge and belief. Further, I agree to submit to the pro hac vice rules, the Montana Rules of Professional Conduct, and the Montana Rules for Lawyer Disciplinary Enforcement.

  
\_\_\_\_\_  
Signature of Applicant

5/31/22  
\_\_\_\_\_  
Date

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

Notary Signature: \_\_\_\_\_

Printed Name of Notary: \_\_\_\_\_

Notary Public for the State of: \_\_\_\_\_

Residing in: \_\_\_\_\_

My commission expires: \_\_\_\_\_

**ATTACH:**    **Certificate(s) of Good Standing**  
                  **\$385.00 Pro Hac Vice Fee**

*Rules and information about pro hac vice are available on the State Bar's website at [www.montanabar.org](http://www.montanabar.org). Please direct questions to [klynch@montanabar.org](mailto:klynch@montanabar.org) or (406) 447-2210.*

**CALIFORNIA JURAT WITH AFFIANT STATEMENT**

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1-6 below)  
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

~~1~~~~2~~~~3~~~~4~~~~5~~~~Signature of Document Signer No. 1~~~~Signature of Document Signer No. 2 (if any)~~

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Alameda

Subscribed and sworn to (or affirmed) before me

on this 31st day of May, 2022  
by Date Month Year(1) Donald Maxwell Falk

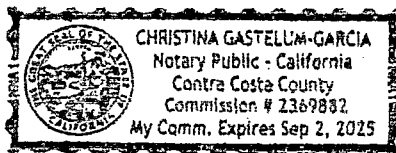
(and (2) \_\_\_\_\_),

Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence  
to be the person(s) who appeared before me.

Signature

Signature of Notary Public



Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_ Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_