

Attorney Registration 601 Commonwealth Avenue, Suite 5600 P.O. Box 62625

Harrisburg, PA 17106-2625 Phone: (717) 231-3380

Fax: (717) 231-3381

APPLICATION FOR RETIREMENT (Form DB-27)

Notice is hereby given that I request retired status, pursuant to Pa.R.D.E. 219(i)(2). Upon assuming retired status, I understand that I shall no longer be eligible to practice law in Pennsylvania and will be exempt from the annual registration requirement.

By signing this form, I acknowledge that I am aware that: 1) under Pa.R.D.E. 201(a)(3), the Supreme Court of Pennsylvania and the Disciplinary Board retain jurisdiction to discipline me for misconduct; 2) if I am convicted of a crime, I have a continuing duty under Pa.R.D.E. 214(a) to report the conviction to the Office of Disciplinary Counsel within 20 days; and 3) if I am disciplined by another court or in another jurisdiction, I have a continuing duty under Pa.R.D.E. 216(e) to report such to the Disciplinary Board within 20 days. I also certify that, to my knowledge, there are no ongoing investigations into any misconduct on my part in this or any other jurisdiction.

ATTACH CURRENT LICENSE CARD HERE.

IF YOU DO NOT HAVE YOUR <u>CURRENT</u> LICENSE CARD, PLEASE NOTE A BRIEF EXPLANATION.

Please note that the requested status change will be processed upon receipt, if eligible, unless a desired <u>future</u> effective date is provided below.

Effective Date:	
Attorney Name:	Attorney ID Number:
Office Address:	
Residence Address:	
Telephone Number:	E-Mail:
Signature:	Date: