

## INSTRUCTIONS FOR COMPLETING FORM DB-36 (REINSTATEMENT QUESTIONNAIRE)

1. This Form is intended for use by attorneys petitioning for reinstatement from disbarment, suspension or transferred to inactive status due to Disability. Attorneys on voluntary or involuntary inactive status, retired status or administrative suspension for more than three years must use Form DB-36-A (Special Reinstatement Questionnaire).
2. An original and four (4) copies of this Form with required attachments must be filed, together with an original Petition for Reinstatement and ten (10) notarized Authorization and Release forms.
3. Board Rule 89.272 provides that the Board will not entertain a Petition for Reinstatement filed before the formerly admitted attorney has paid in full any costs taxed by the Supreme Court and has made any required restitution to the PA Lawyers Fund for Client Security.
4. A suspended attorney may file for reinstatement nine (9) months prior to the expiration of the suspension. In the case of a disbarred attorney, the Board will not entertain a Petition for Reinstatement filed prior to the expiration of at least five (5) years.
5. Attorneys seeking reinstatement must complete 36 hours of accredited PA CLE courses, 12 of which must be in the area of Ethics, within one year preceding the filing of the Petition for Reinstatement. **Effective December 1, 2011, the Bridge the Gap course must be taken through an accredited PA CLE provider as part of the 36 hours of credits.**
6. You must attach proof of attendance for all courses listed in response to Question 19a. You may obtain a copy of your PA CLE Course Record by accessing the MyPACLE login from the PA Continuing Legal Education Board's website at [www.pacle.org](http://www.pacle.org) or by calling the PA CLE Office at 1-800-497-2253.
7. A maximum of 12 credit hours may be taken on-line through an accredited PA CLE provider. If you need assistance in finding accredited courses, you can visit the PA CLE Board web site at [www.pacle.org](http://www.pacle.org) or access their automated phone system at (800) 497-2253.
8. You must attach a certified copy of your disbarment/suspension/transfer to disability inactive status order. See Question 3(b). To obtain a certified copy, contact the Deputy Prothonotary's Office of the Supreme Court in Pittsburgh at (412) 565-2816.
9. You must attach copies of the Board's Report and Recommendation, Hearing Committee Report, Statement of Resignation (if disbarred on consent) or Joint Petition in Support of Discipline on Consent (if suspended on consent). Contact the Board Secretary's Office at (717) 231-3380 to obtain copies of these documents, if needed.
10. **Notations in Bold** on the Form DB-36 indicate what documents must be included with each copy of the Reinstatement Questionnaire filed by the formerly admitted attorney.



2. (a) State all schools (above high school) you have attended, the dates of attendance, the degrees received or to be received, and the dates conferred.

School/College	Address	From (Mo.&Yr.)	To (Mo.&Yr.)	Degree	Date
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Law School	Address	From (Mo.&Yr.)	To (Mo.&Yr.)	Degree	Date
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(b) Date, place and court of initial admission to the Bar of Pennsylvania:

(c) Have you ever applied for admission to practice as an attorney or counselor in any other state or country or before a federal court or an administrative agency?

Yes  No

If Yes, complete:

Application Filed		Disposition	Motion/Bar Exam.	Admission	
Date	Place			Date	Place
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2. (d) Detail where, how long and under what circumstances you had been employed, prior to your disbarment/suspension/transfer to disability inactive status (listing all employers, full-time, part-time and temporary, whether with or without compensation) by a lawyer or law firm, were self-employed or employed by any agency or business entity; the nature of employment; position held and the reason for termination of each position. If you were in partnership with another lawyer or with a law firm, list the name of the firm, the names of other partners and dates of association.

Name of Employer	Number & Street	From (Mo.&Yr.)	Position Held	Compensation Yes/No
Name of Immediate Supervisor	City & State & Zip Code	To (Mo.&Yr.)		Reason for Termination
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3. (a) What was the finding of misconduct upon which your present suspension/disbarment is based?

(b) Provide the following detailed information (or attachments):

- i. **Attach a Certified copy of your disbarment/suspension/transfer to disability inactive status order with copy of any opinion which may have accompanied said order**
- ii. List below the caption and docket number of proceeding in which order entered:
- iii. **Attach copy of the report and recommendations of the Disciplinary Board or other similar body existing prior to the establishment of the Board or existing in another jurisdiction.**
- iv. **Attach copy of the findings of the hearing committee or other similar body (if different from iii. above) which heard the evidence.**
- v. **Attach copy of Statement of Resignation or Joint Petition for Discipline if suspended or disbarred on consent.**
- vi. List below the citation or other reference to the disbarment/suspension or transfer to disability inactive proceeding if reported in any bound volume(s) of reports.
- vii. List below the names and addresses of complaining or aggrieved parties:

Name	Address
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4. If your disbarment/suspension was based on a conviction of a crime in this or any other jurisdiction (including federal) provide the following detailed information (or attachments):

(a) Nature of charges against you and citation(s) to criminal statute(s):

Charge(s)	Citation(s)
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(b) Names and addresses of complaining witnesses:

Name	Address
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(c) **Attach certified copy of indictment (or information), docket entries, and judgment and probation/commitment order (or equivalent thereof) and opinion(s).**

(d) Name, court and address of trial judge (if different from that or not listed in any documents in (c) above).

(e) Name, organization and address of prosecutor (if different from that or not listed in any documents in (c) above).

(f) Citation or other reference to your criminal case, if reported in any bound volume(s) of reports:

5. If a charge or finding of commingling, withholding, misusing or neglecting to pay money to or on behalf of clients or any other similar charge involving improper handling of funds was involved in your disbarment/suspension/transfer to disability inactive status, itemize the following:

(a) Name and address of any person(s) involved and amount(s) withheld:

Name	Address	Amount
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(b) As to each of the foregoing, in what fashion and/or for what purpose was the money expended? Give full details:

(c) To what extent, if any, has restitution been made? State, as to each client, when and by whom restitution has been made and whether any interest was paid:

(d) Has any surety, guarantor or bar association fund made any restitution payment? Give details:

Yes                       No

If Yes, have you reimbursed said surety, guarantor or fund who has made restitution? Give details:

5. (e) Has the Pennsylvania Lawyers Fund for Client Security made any disbursements to your former clients?

Yes  No

If Yes, attach proof that full restitution has been made to the Pennsylvania Lawyers Fund for Client Security.

**Note: Either the Yes or No box must be checked for this question or the Questionnaire will be considered incomplete.**

6. After entry of your disbarment/suspension/disability inactive status order, did you file with the Secretary of the Disciplinary Board:

- (a) Copies of notices substantially in the language of Form DB-23 (non-litigation notice of disbarment, suspension or transfer to disability inactive status) sent to clients pursuant to Pa.R.D.E. 217(a) and Disciplinary Board Rule 91.91?

Yes  No

If Yes, state the date on which such filing was made.

If No, explain.

- (b) Copies of notices substantially in the language of Form DB-24 (litigation notice of disbarment, suspension or transfer to disability inactive status) sent to clients pursuant to Pa.R.D.E. 217(b) and Disciplinary Board Rule 91.92?

Yes  No

If Yes, state the date on which such filing was made.

If No, explain.

- (c) Copy of the affidavit required by Pa.R.D.E. 217(e) and Disciplinary Board Rule 91.95?

Yes  No

If Yes, state the date on which such filing was made and **attach a copy of the Affidavit.**

If No, explain.



6. (d) Were any costs taxed by the Supreme Court of Pennsylvania in its order of disbarment, suspension, transfer to disability inactive status or denial of reinstatement?

Yes  No

**If Yes, attach the itemization of costs and proof that the Disciplinary Board has been paid in full. Note: Board Rule 89.272(b) prohibits an attorney from filing for reinstatement before the costs have been paid in full.**

7. (a) Were you ever disciplined by a court of any other jurisdiction, including any state or federal administrative agency?

Yes  No

If Yes, provide the following information (or attachments) as to each instance of discipline in another jurisdiction:

Court/Agency	Jurisdiction	Docket No.	Discipline Imposed	Date
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(b) **Attach a certified copy of any order entered or any acknowledgment signed in any case listed in 7(a) above.**

(c) Citation or other reference to the disciplinary proceedings listed in 7(a) above if reported in any bound volume(s) of reports:

(d) If there is no citation or other reference to a bound volume of reports, attach a copy of the finding(s) and/or opinion(s) of the court(s).

8. (a) To the best of your knowledge have you ever been the subject of a disciplinary complaint not revealed hereinabove, to include any complaint made against you in law school?

Yes  No

If Yes, provide the following information as to each instance:

Complainant Name & Address -----
Court, Agency or Other Body to Whom the Complaint was Made -----
Charge & Date Made -----
Disposition & Date Thereof -----
Docket Number or Other Identifier -----
Citation or Other Reference -----

(b) If there is no citation or other reference to a bound volume of reports attach a copy of findings for each of the above or indicate where available on record:

9. Have you ever been investigated, arrested or prosecuted for any crime (other than a summary motor vehicle violation) which is not set forth in paragraph 4 hereinabove?

Yes  No

If Yes, provide the following information (or attachment) as to each offense:

(a) Nature of charges against you and citation(s) to criminal statute(s):

Charge(s)	Citation(s)
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9. (b) Names and addresses of complaining witnesses:

Name(s)	Address(es)
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(c) **Attach certified copy of indictment (or information), docket entries, and judgment and probation/commitment order (or equivalent thereof) and opinion(s).**

(d) Name, court and address of trial judge (if different from that or not listed in any documents in (c) above).

(e) Name, organization and address of prosecutor (if different from that or not listed in any documents in (c) above).

(f) Citation or other reference to your criminal case, if reported in any bound volume(s) of reports:

10. (a) Have you ever been involved in a civil action as a party or as one who claimed an interest?

Yes     No

(b) Has any action in the nature of a malpractice action been filed against you?

Yes     No

(c) Are there any judgments against you currently on court records as unsatisfied?

Yes  No

If any of the answers to questions (a), (b) and (c) above were Yes, provide the following information (or attachments) as to each matter: (Use additional pages to answer if necessary:

Plaintiff's Name(s) -----
Case Name -----
Nature of Action -----
Court -----
Court Term & Number -----
Docket Number -----
Court Record Index Number -----
Disposition -----
Amount of judgment -----
Balance of judgment unsatisfied -----

**Attach a current copy of docket entries for each case listed, to include appellate docket entries, if applicable.**

(d) Do you have any debts which are 90 days past due?

Yes  No

If the answer to 10(d) is Yes, provide the names and addresses of creditors, amounts due, dates and nature of debts, and the reason for nonpayment.

(e) Since your suspension, disbarment or transfer to disability inactive status, have you timely filed state and federal tax returns for each and every year?

Yes  No

If No, provide the year, taxing authority and the current status of the delinquency for each year in which you did not timely file a tax return.

Tax Year	Taxing Authority	Current Status

11. (a) List in chronological order all occupations, jobs, business associations or other ventures of any kind whatsoever (full-time, part-time and temporary, whether with or without compensation) which you had during the period of your suspension/disbarment/disability inactive status. As to each, identify by name and address your employer (or partner or associate in business), state the amount of your salary or other form of compensation, if "other compensation" state the type and terms thereof and list the dates and duration of each. If any employer was a relative of yours or, in the case of a corporation or other business, was owned or controlled by you or by a relative, so note, giving the name of the relative and his/her position in the business.

Name & Address of Employer, Partner, Type of Compensation, Duration, Reason for Leaving, Associate or Supervising Attorney & Amount

11. (b) If any of the employment listed above involved law-related activity, did you and your supervising attorney file a notice of employment with the Disciplinary Board pursuant to Pa.R.D.E. 217(j)(5)?

Yes  No

**If Yes, attach proof of compliance.**

(c) If such law-related activity has terminated, did you and your supervising attorney file a notice with the Disciplinary Board pursuant to Pa.R.D.E. 217(j)(5)?

Yes  No

**If Yes, attach proof of compliance.**

**If No, to either 11(b) or (c) above, explain.**

Additional Comments:

12. List any income in excess of \$500 which you received in any one year during the period of your disbarment/suspension/transfer to disability inactive status or the ten years next preceding the filing of this petition, whichever is less, and which is not listed in 11 above. List each source of such income and, if a periodic income, the approximate amount of monthly income as to each source.

Source	Year	Amount Received	Monthly Amount (If Periodic)
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13. List, in chronological order, all residences which you have maintained during the period of your disbarment/suspension/transfer to disability inactive status or during the ten years next preceding the filing of this petition, whichever is less, and as to each, identify your landlord(s), if any, by name and address.

Number & Street	City, State & Zip	Dates	Landlord
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14. Identify your present dependents by name, age, residence, relationship to you and proportion of their income they derive from you.

Name	Age	Residence	Relationship	Proportion of Income
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15. As of the date of the within answers, do you have any fixed financial obligations or other notable requirements for payment, such as for alimony or support?

Yes                       No

If Yes, as to each obligation, list the name and address of each creditor or obligee, the date on which the obligation was incurred, the balance outstanding for each obligation as of the date of filing of the within answers and the monthly payment for each.

Name & Address of Creditor or Obligee	Date Obligation Incurred	Balance Outstanding	Monthly Payment
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16. Have you ever made application for a permit or license (other than admission to the Pennsylvania bar) which required proof of good character (including CPA, Real Estate Broker, liquor license, etc.)?

Yes       No

If Yes, as to each application, list the name and address of the body or authority to whom the application was addressed, the date of the application, the disposition of the application and the date of disposition.

Authority to Whom Application Addressed	Date of Application	Disposition	Date of Disposition
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**Attach a true and correct copy of each such application.**

17. Have you, as a member of any profession or organization or the holder of any office or license, been the subject of any proceeding or inquiry which involved censure, removal, suspension, revocation of license, or discipline (not including the proceeding which led to your present disbarment/suspension/transfer to disability inactive status and not including any matter listed in 7 and 8 above)?

Yes       No

If Yes, as to each such proceeding or inquiry, list the nature of the complaint or action which led to the institution of the proceeding or inquiry, the factual basis and allegations, the date filed (or communicated to you if the filing date is not known), the disposition of the matter and date thereof and the identity and address of the authority in possession of the record of the proceeding.

Nature of Complaint or Action Leading to Inquiry and Factual Basis	Date Filed	Disposition & Date	Authority in Possession of Record
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18. Where do you intend to practice law if you are reinstated and what type of practice do you intend to pursue?





19. (b) What legal periodicals, official reporters, or advance sheets, if any, have you subscribed to or read during the period of your disbarment/suspension/transfer to disability inactive status? Give details.
- (c) What other continuing legal education courses including law school courses, if any, have you attended during the period of your disbarment/suspension/disability inactive status? Give details in space provided below if any attended.
- (d) As to the purchase of any law books during the period of your disbarment/suspension/disability inactive status, provide the following information:

Title	Publisher	Date of Purchase
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- (e) What legal research, if any, have you performed during the period of your disbarment/suspension/disability inactive status? If such research has been performed, provide details in the space below.

Person for Whom Research Performed	Topic	Date on Which Completed	Amount Paid
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19. (f) What bar examination(s) or other test for admission to practice in this or any other jurisdiction have you taken during the period of your disbarment/suspension/disability inactive status? Give details and results. **Attach as exhibits copies of notification from the testing authority.**
20. State concisely any other additional facts or matters you desire to have considered relating to your current disbarment/suspension/disability inactive status (other than those appearing on record) which the Disciplinary Board should know and consider:

21. State concisely those facts upon which you rely to justify your reinstatement to the Bar of this Commonwealth, relating such facts to the requirements of Rule 218(c) of the Pennsylvania Rules of Disciplinary Enforcement:

I certify that the foregoing answers are true and correct to the best of my knowledge, information and belief. Further I acknowledge that I am aware that said answers will become a part of the record of my reinstatement proceeding and false statements made herein are subject to the criminal penalties of 18 Pa. C.S. Section 4904(b).

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Date

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Signature of Petitioner