

## REQUEST FOR CERTIFICATION OF STATUS

I hereby request a Certification of Status due to my voluntary inactive status as a Pennsylvania lawyer and provide the information listed below in support of my request. I understand that the certification will include my name as licensed, the date of admission, and my current registration status.

Full Name: \_\_\_\_\_

PA ID Number: \_\_\_\_\_

### Reason for Request

\_\_\_ Application for Admission to the bar (not isolated case admission).

Specify jurisdiction or court. \_\_\_\_\_

\_\_\_ Application for Government Employment.

Specify Employer. \_\_\_\_\_

\_\_\_ Other

Please Specify. \_\_\_\_\_

### Name and address to which written verification should be sent:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Date: \_\_\_\_\_

Please make check payable to **Attorney Registration** in the amount of \$25.00 and send a pre-paid self-addressed envelope.

Disciplinary Board - Attorney Registration Office  
Pennsylvania Judicial Center  
601 Commonwealth Avenue, Suite 5600  
P.O. Box 62625  
Harrisburg, PA 17106-2625  
Phone: (717) 231-3380 Fax: (717) 231-3381