

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