

**Attorney Registration Office**  
**Pennsylvania Judicial Center**  
601 Commonwealth Avenue, Suite 5600  
PO Box 62625  
Harrisburg, PA 17106-2625  
Phone: (717) 231-3380

## REQUEST FOR CERTIFICATION OF STATUS

**Return to the above address:**

- **Completed Request Form**
- **\$25 Certification Fee (Check/Money Order Payable To Attorney Registration)**
- **Pre-Paid, Pre-Addressed Envelope**

I hereby request a Certification of Status due to the inactive or retired status of my Pennsylvania attorney's license. I understand that the certificate will include my full name as currently registered, the date of my admission, and my current registration status.

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

Attorney ID#: \_\_\_\_\_

Reason for Request

Application for Admission to another Bar

Specify jurisdiction or court: \_\_\_\_\_

Application for Government Employment

Specify Employer: \_\_\_\_\_

Other

Please Specify: \_\_\_\_\_

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

**Certificate should be returned to:**

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

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

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

Telephone: \_\_\_\_\_

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