

REQUEST FOR CERTIFICATION OF STATUS

I hereby request a Certification of Status due to my 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 full 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 a Judicial Position.

Specify Judicial Position. _____

___ Application for Government Employment.

Specify Employer. _____

___ Other

Please Specify. _____

Name and address to which written verification should be sent:

Name: _____

Street Address: _____

City, State, Zip: _____

Your Signature: _____

Date: _____

Please make check payable to **PA Disciplinary Board** in the amount of \$25.00 and a pre-paid self-addressed envelope.

Two Lemoyne Drive, 1st Floor, Lemoyne, PA 17043

(717) 731-7073