



The
DISCIPLINARY BOARD
of the Supreme Court of Pennsylvania

Attorney Registration
601 Commonwealth Avenue, Suite 5600
P.O. Box 62625
Harrisburg, PA 17106-2625
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2022-2023 Attorney Registration Fee Hardship Waiver Application

An attorney may apply for a hardship waiver of the active annual fee by submitting this completed application form along with all required documentation to the Attorney Registration Office **by July 1, 2022**.

ELIGIBILITY

- Only attorneys registering for **active status** are eligible to request a waiver of the annual fee.
- Applicant (and spouse, if married) must have an adjusted gross income (AGI) less than or equal to the [federal poverty guidelines](#) for the applicable household size. IRS tax transcript(s) or copy of federal tax return(s) required.
 - If the most recent federal tax return does not show current financial position, the applicant must provide proof of negative change in financial status after filing tax returns which would otherwise make the applicant eligible for a waiver.

REQUIRED DOCUMENTATION

- Completed Application Form
- Completed Annual Attorney Registration Form
- 2021 Personal (attorney & spouse) Federal Tax Transcript or Return
- Proof of Year-to-Date Personal (attorney & spouse) Income, all sources as listed on page 2
- 2021 Business Federal Tax Transcript or Return, if applicable
- Proof of Year-to-Date Business Income, if applicable

REVIEW PROCESS

- The Executive Director will render a decision within 20 days of receipt of a completed application and all required documentation.
- If a waiver is granted, the entire active annual fee of \$275 is waived and the Attorney Registration Office will process the completed Annual Attorney Registration Form. A waiver applies to one registration year only.
- If a waiver is denied, the applicant may submit a written request for reconsideration within 10 days of the notice of denial. If a reconsideration request is not timely received, the denial is final.
- The Board Chair will decide reconsideration requests within 20 days of receipt. The decision is final.
- The attorney will have 14 days from a final denial or until July 16, whichever is later, to pay the annual fee in full without penalty. Failure to timely pay may subject the attorney to late payment penalties and transfer to administrative suspension under Pa.R.D.E. 219(f).
- No late payment penalties will accrue while an application is pending.

ATTORNEY INFORMATION

Attorney Name: _____ **Attorney ID Number:** _____

Mailing Address: _____

Primary E-Mail: _____ **Telephone Number:** _____

Number of Household Members: _____

Concise Statement Describing Nature of Financial Hardship: _____

Source of Year-to-Date Income (attorney & spouse)	Amount	Frequency (weekly, bi-weekly, semi-monthly, monthly, quarterly, semi-annually, annually)
Wages		
Self-Employment		
Pension and Annuities		
Social Security Benefits		
Workers' Compensation		
Unemployment Compensation		
Disability Payments (SSI or Private)		
Public Assistance		
Support Payments		
Interest		
Dividends		
Other (specify source):		
Other (specify source):		

I verify that the statements contained in the foregoing application and attached thereto are true and correct to the best of my knowledge or information and belief and are made subject to the penalties of 18 Pa.C.S.A. § 4904, relating to unsworn falsification to authorities.

Attorney Signature: _____ **Date:** _____



OFFICE OF THE ASSISTANT SECRETARY
FOR PLANNING AND EVALUATION

MENU

Prior HHS Poverty Guidelines and Federal Register References

[ASPE](#) > [Topics](#) > [Poverty & Economic Mobility](#) > [Poverty Guidelines](#) >

Prior HHS Poverty Guidelines and Federal Register References

Poverty guidelines since 1982 for the 48 contiguous states and the District of Columbia can be calculated by addition using the figures shown below. (This simple calculation procedure gives correct guideline figures for each year, but it is not identical to the procedure by which the poverty guidelines are calculated from the poverty thresholds each year; see an [example calculation](#).) Before 1982, the poverty guidelines were issued by the Office of Economic Opportunity/Community Services Administration.

Visit [Historical Poverty Guidelines](#) for a complete set of poverty guidelines.

NOTE: The poverty guideline figures below are NOT the figures the Census Bureau uses to calculate the number of poor persons.

The figures that the Census Bureau uses are the [poverty thresholds](#).

HHS Poverty Guidelines

Year	First Person	Each Additional Person	(Four-Person Family)	Page with Complete Details
2022	\$13,590	\$4,720	(\$27,750)	2022 Guidelines
2021	\$12,880	\$4,540	(\$26,500)	2021 Guidelines
2020	\$12,760	\$4,480	(\$26,200)	2020 Guidelines
2019	\$12,490	\$4,420	(\$25,750)	2019 Guidelines
2018	\$12,140	\$4,320	(\$25,100)	2018 Guidelines

COMPLETED FORM & PAYMENT DUE ON OR BEFORE JULY 1, 2022

Mail Form and Check/Money Order Payable to: ATTORNEY REGISTRATION 601 Commonwealth Avenue, Suite 5600 PO Box 62625 Harrisburg, PA 17106-2625	Non-Waivable Penalties AFTER JULY 16 - \$200 Late Fee Assessed AFTER AUGUST 1 - Additional \$200 Late Fee Assessed Returned Payment Fee - \$25
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Attorney Name: _____

Attorney ID#: _____

Current Status: _____

Admission Date: _____

Status Requested:

 Active **\$275** Inactive **\$100** Retired **\$0**

Total Amount Enclosed: \$ _____

Complete ALL fields unless indicated as optional.**CONTACT INFORMATION**

(Pa.R.D.E. Rule 219(d)(1)(ii) requires that the current residence and office addresses be an actual street address or rural route box number. A preferred mailing address different from those addresses may be a post office box number. The address checked below will be accessible through the Board's website and by written or oral request. If, for good cause, you do not wish to have a public address, submit a written request to the address listed above.) **Provide all address types, but only check one address for public access use.**

Public Office Address: _____ Residence Address: _____ Mailing Address: **Office** **Residence** **Other:** _____
(circle) (circle)Primary Email: _____ Secondary Email: _____
(optional)Primary Phone: _____ Secondary Phone: _____
(optional)Fax: _____
(optional)

Primary Employer Name: _____

 I do not have an employer to report.**PROFESSIONAL LIABILITY INSURANCE (Check One)**

- I maintain, either individually or through my firm, professional liability insurance pursuant to the provisions of Rule of Professional Conduct 1.4(c).
- I do not maintain professional liability insurance because I do not have private clients and have no possible exposure to malpractice actions (e.g. retired, full-time in-house counsel, prosecutor, full-time government counsel, etc.).
- I do not maintain professional liability insurance pursuant to the provisions of Rule of Professional Conduct 1.4(c), but I do have private clients and/or possible exposure to malpractice actions.

OTHER JURISDICTIONS (attach list if necessary)

List all courts (except courts of this Commonwealth) and jurisdictions in which you have ever been licensed to practice law with the current status thereof:

I have no jurisdictions to report.

STATE/FEDERAL COURT	ACTIVE	INACTIVE	RETIRED	ADMINISTRATIVE SUSPENSION	RESIGNED	SUSPENDED	DISBARRED	DISABILITY

FINANCIAL DATA (attach list if necessary)

From May 1, 2021 to date of filing this form, name of each financial institution, account number and location (state) of:

A) Every account within or outside Pennsylvania in which I or my employer/law firm held my client or third-party funds subject to Pa.R.P.C. 1.15;

Note: Rule 1.15 Funds are funds which the lawyer receives from a client or third person in connection with the client-lawyer relationship, or as an escrow agent, settlement agent or representative payee, or as a Fiduciary, or receives as an agent, having been designated as such by a client or having been so selected as a result of a client-lawyer relationship or the lawyer's status as such.

B) Every account holding funds of a client or third party (whether or not subject to Pa.R.P.C. 1.15) over which I had sole or shared signature authority or authorization to transfer funds to or from the account; and

Note: "Funds of a third person" shall not include funds held in: 1) an attorney's personal account held jointly; or 2) a custodial account for a minor or dependent relative unless the source of any account funds is other than the attorney and his or her spouse.

C) Every business/operating account maintained or used by me in the practice of law. See Pa.R.D.E. 219(d)(1)(iii) – (v)

I have no accounts required to be reported.

(FULL) BANK/BROKERAGE NAME	(FULL) ACCOUNT NUMBER	HOLDS Pa.R.P.C. 1.15 FUNDS (Y/N)	ACCOUNT LOCATION (STATE)	ACCOUNT TYPE (CHOOSE ONE) IOLTA IOLTA EXEMPT INTEREST FOR CLIENTS OTHER AUTHORIZED ACCOUNTS BUSINESS/OPERATING

SUCCESSION PLANNING (Check One)

Succession planning is essential to every attorney's practice. Recognizing that the future is unpredictable, attorneys should strive to lessen the impact of unexpected interruption in their relationships with clients by taking protective measures. Accordingly, the Disciplinary Board surveys Pennsylvania attorneys regarding their plans to protect client interests in the event of the attorney's death or disability. The question below is for informational purposes only and failure to have a designated successor is NOT a violation of the Rules of Professional Conduct or the Pennsylvania Rules of Disciplinary Enforcement. The Board would appreciate notification of any change to the provided information should such a change occur prior to the next registration period.

- In the event of my death or incapacity, I have made arrangements for another Pennsylvania attorney, who is capable of conducting and/or overseeing my legal practice, to protect the interests of my client(s).

My designated successor is: **An Individual**

****Successor Name:** _____

Successor Attorney ID, if known: _____

Successor Address, if known: _____

****Successor City and State:** _____

Successor Phone Number, if known: _____

 A Law Firm

****Law Firm Name:** _____

Law Firm Address, if known: _____

****Law Firm City and State:** _____

Law Firm Phone Number, if known: _____

- I do not have a designated successor because I do not have private clients in Pennsylvania.
- I do not currently have a designated successor and I do have private clients in Pennsylvania.

CERTIFICATION AND AGREEMENT

- I am familiar and in compliance with Rule 1.15 of the Pennsylvania Rules of Professional Conduct regarding the handling of funds and other property of clients and others and the maintenance of IOLTA Accounts, and with Rule 221 of the Pennsylvania Rules of Disciplinary Enforcement regarding the mandatory reporting of overdrafts on fiduciary accounts.
- I understand that any action brought against me by the Pennsylvania Lawyers Fund for Client Security for the recovery of monies paid by the Fund as a result of claims against me may be brought in the Court of Common Pleas of Allegheny, Dauphin or Philadelphia County.
- I certify that all information provided in connection with this form is complete and accurate.

Signature: _____

Date: _____

DEMOGRAPHIC INFORMATION

The Board utilizes collected demographic data in its aggregate form only. Although this section is required, you may select "Prefer Not to Answer" for one or both questions.

Gender

- Female
- Male
- Prefer Not to Answer

Race and Ethnicity

Select one or more.

- American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America) who maintains tribal affiliation or community attachment.
- Asian** – A person having origins in any of the original peoples of East Asia, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** – A person having origins in any of the Black racial groups of Africa or the Caribbean.
- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White or Caucasian** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Other**
- Prefer Not to Answer**

OPPORTUNITIES TO PROVIDE PRO BONO SERVICE

Each year, the Chief Justice of Pennsylvania reaches out to the legal profession to encourage pro bono service, which can be one of the most rewarding experiences in an attorney's career. The Disciplinary Board, Continuing Legal Education (CLE) Board, and Interest on Lawyers' Trust Accounts (IOLTA) Board join the Court in supporting this worthwhile endeavor. Through these Court entities, there are many opportunities for the profession to support pro bono programs: by the direct provision of pro bono services as an emeritus status attorney; by participation in the CLE Board's pro bono program aimed at blending legal education initiatives with assistance for legal service programs; or by financial contribution to the IOLTA Board's mission to fund accessible, high-quality legal aid programs.

Please check the applicable box(es) to receive information on these opportunities:

- Please send me information on the Disciplinary Board's emeritus pro bono attorney program for retired attorneys.
- Please send me information on the CLE Board's pro bono program.
- Please send me information on pro bono opportunities funded by the IOLTA Board.
- Not at this time.