

Office of Chief Disciplinary Counsel Pennsylvania Judicial Center 601 Commonwealth Avenue, Suite 2700 P.O. Box 62485

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REQUEST FOR CERTIFICATION OF DISCIPLINARY HISTORY

Return the following to the above address:

- Completed Request Form
- \$25 Certification Fee (Check/Money Order Payable To "PA Disciplinary Board")
- Pre-Paid, Pre-Addressed Envelope

I hereby request a Certification of Disciplinary History of my Pennsylvania attorney's license and provide the information below in support of my request. I understand that the Certification will include my full name as currently registered, my PA Attorney Identification Number, the date of my admission to the bar of Pennsylvania, and will identify all discipline against me, including private and public discipline.

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:	
Certificate to be returned to:	
Name:	
Address:	
City, State and Zip:	
Telephone:	
E-Mail:	