



The  
**DISCIPLINARY BOARD**  
of the Supreme Court of Pennsylvania

Attorney Registration  
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## REQUEST FOR INACTIVE STATUS (Form DB-28)

In accordance with Pa.R.D.E. 219(i)(1), an attorney who is not: engaged in practice in Pennsylvania, handling Pennsylvania legal matters, or required by his or her practice elsewhere to maintain active licensure in the Commonwealth may request inactive status. An attorney who sells his or her practice by reason of disability must transfer to inactive status unless a transfer to disability inactive status pursuant to Enforcement Rule 301 occurs. See Pa.R.P.C. 1.17(f).

I request Inactive Status and, in taking this action, I understand that I shall be removed from the roll of those classified as active until and unless I request and am granted reinstatement to active status. **I further understand that I shall continue to complete annual registration and pay the inactive annual fee. Non-compliance will result in late penalties and being placed on administrative suspension.**

I acknowledge that I have reviewed and understand the procedures to resume active status. If I wish to resume active status and have held active status within the preceding three years, I may request active status without the submission of a petition for reinstatement. See Pa.R.D.E. 219(h)(2). If I have not held active status within the preceding three years, I must petition for reinstatement to resume active status. See Pa.R.D.E. 218(d), (h).

By signing this form, I acknowledge that I am aware that: 1) under Pa.R.D.E. 201(a)(3), the Supreme Court of Pennsylvania and the Disciplinary Board retain jurisdiction to discipline me for misconduct; 2) if I am convicted of a crime, I have a continuing duty under Pa.R.D.E. 214(a) to report the conviction to the Office of Disciplinary Counsel within 20 days; and 3) if I am disciplined by another court or in another jurisdiction, I have a continuing duty under Pa.R.D.E. 216(e) to report such to the Disciplinary Board within 20 days. I also certify that, to my knowledge, there are no ongoing investigations into any misconduct on my part in this or any other jurisdiction.

Attorney Name: \_\_\_\_\_ Attorney ID Number: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

ATTACH CURRENT LICENSE CARD HERE.

IF YOU DO NOT HAVE YOUR CURRENT  
LICENSE CARD, PLEASE NOTE A BRIEF  
EXPLANATION.