



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

Attorney Registration  
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## Contact Information Update Form

Contact information can be reviewed, updated, and submitted directly through the Disciplinary Board's website, [www.padisiplinaryboard.org](http://www.padisiplinaryboard.org). Please use this form if you are unable to submit online.

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### General Information

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

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

Effective Date of Change: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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### Address Information

Provide an office, home, and mailing address with one being selected for public access use. For the home and office addresses, please provide a street address.

#### **Office**

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

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Country: \_\_\_\_\_

Is this address public?  Yes  No

#### **Home**

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

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Country: \_\_\_\_\_

Is this address public?  Yes  No

**Return completed form by email, fax, or mail.**

**Mailing**

Check One: \_\_\_\_\_ Office \_\_\_\_\_ Home \_\_\_\_\_ Other, Listed Below

Street or PO Box Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Country: \_\_\_\_\_

Is this address public? \_\_\_\_\_ Yes \_\_\_\_\_ No

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**Email Address**

Provide at least one (primary) email address.

Primary Email: \_\_\_\_\_

Secondary Email: \_\_\_\_\_

Other Email: \_\_\_\_\_

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**Phone Number**

Provide at least one (primary) phone number.

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

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**I certify that all information provided in connection with this form is complete and accurate.**

**Attorney Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Return completed form by email, fax, or mail.**