

Attention: Public Data Request 601 Commonwealth Avenue, Suite 5600

P.O. Box 62625

Harrisburg, PA 17106-2625 Phone: (717) 231-3380

Fax: (717) 231-3381

Email: atty.registration@pacourts.us

Public Data Request Form

Please Type or Print Clearly		
Requestor Name:		
Office Name (if applicable):		
Mailing Address:		
City:	State:	Zip:
Email:		
Phone:		
Information Requested: (attach additional page if r		
Type of File(s) Requested:	Fee Schedule	Note: A minimum charge of 1 hour of
□ Paper	Staff Time (\$80/hour)	staff time shall be assessed for each request. Thereafter, requestors will
☐ Electronic • .csv file	Paper Copies	be charged in 15 minute increments.
• .csv iiic		
pdf image	(\$0.25/page) Shipping	
pdf image	(\$0.25/page) Shipping (varies)	

- 2. I/we understand that all requests will be reviewed and approved by the Disciplinary Board on a case-by-case basis.
- 3. I/we understand that the use of the requested information is intended only for the purpose described above and that any data provided to me/us should not be used in any other manner.

Signature:	_ Date:	
_	-	

Public Data Request Procedures

The Disciplinary Board of the Supreme Court of Pennsylvania collects and maintains various information on all attorneys admitted to practice law in Pennsylvania. Publicly accessible information for individual attorneys can be obtained through the Disciplinary Board's website using the "Look Up Attorney" function here: www.padisciplinaryboard.org. For those seeking data for groups of attorneys, requests submitted, pursuant to the procedures below, are reviewed on a case-by case basis by the Disciplinary Board.

Complete and submit a Public Data Request Form.

Form Instructions:

- 1. Provide complete **contact information**.
- 2. Information Requested Detail the type(s) of data you are requesting and for what population(s). For example, all Active attorneys in Cumberland and Dauphin County including Attorney ID Number, Full Name, Address, and Phone Number

Available Data Types

- Attorney ID Number
- Full Name
- Current License Status
- Date of Admission
- Employer
- Public Address

- Phone Number
- Fax Number
- Professional Liability Insurance Status
- 3. **Reason for Request** Detail the intended use of the data. Please note that the data provided should not be used in any other manner. For example, a Legal Aid Organization located in Dauphin County seeks contact information to request volunteers.
- 4. **Type of File** Select the desired format for receipt of the data.
- 5. Fee Schedule Provided to estimate the cost of a data request. "Staff Time" includes review of submitted request form, preparation and formatting of data, and any necessary communication with requestor. After submitting a request, the form will be reviewed and upon approval, costs will be calculated. Staff will prepare and send an invoice to be paid prior to delivery of the data. Costs may be paid by credit card or check/money order.
- 6. **Sign** and submit your completed request form by email attachment, fax, or mail.