



The
DISCIPLINARY BOARD
of the Supreme Court of Pennsylvania

EXECUTIVE OFFICE – BOARD PROTHONOTARY
601 COMMONWEALTH AVENUE, SUITE 5600
P.O. Box 62625
HARRISBURG, PA 17106-2625
(717) 231-3380

SPECIAL REINSTATEMENT QUESTIONNAIRE (FORM DB-36A)

Reinstatement from Inactive Status, Retired Status, or Administrative Suspension more than 3 years

INSTRUCTIONS FOR COMPLETION AND FILING

1. This questionnaire may be used **only** by attorneys petitioning for reinstatement from inactive status, retired status, or administrative suspension who have not been on active status at any time in the preceding three (3) years.
2. You **must** respond to all Questionnaire items fully and precisely. Use “none” or “not applicable” where no information is necessary to answer a Questionnaire item. Use additional pages as necessary to provide complete answers.
3. This questionnaire is made of two parts: Part I and Part II. Both parts **must** be included with your filing and **must** be typewritten. Part I shall become a part of the record of the reinstatement proceeding and, in accordance with Pa.R.D.E. 402(a)(2), is a public document. Part II is a part of the record but is not a public document.
 - a. If you believe your filing contains confidential information covered by the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*, you must comply with that policy. For more information on the policy, visit www.pacourts.us/public-record-policies.
4. Using the Disciplinary Board’s [Attorney Gateway](https://www.padisciplinaryboard.org/attorney-gateway) (<https://www.padisciplinaryboard.org/attorney-gateway>), you **must** submit the appropriate filing fee as defined in [Pa.R.D.E. 218\(f\)\(1\)](#) and file an electronic copy of the original: Petition for Reinstatement; Special Reinstatement Questionnaire (parts I and II), and any attachments thereto; and a notarized Waiver of Confidentiality form (you **must** retain the original notarized Waiver of Confidentiality form until final determination on the Petition for Reinstatement).
 - a. You **must** attach a Certificate of Good Standing (or certification of current status, if not active) and a letter of ethical conduct (disciplinary history) for each jurisdiction where you are (or were) admitted to practice, including any federal district or appellate courts, **other than the Supreme Court of Pennsylvania**. See *Part I, Question 4*.
 - b. You **must** attach a letter from the Pennsylvania Lawyers Fund for Client Security indicating that no restitution is owed to the Fund. You must make this request in writing, including your full name, current mailing address, and Pennsylvania attorney ID number. Visit www.palawfund.com for more information. See *Part I, Question 11(d)*.
 - c. You **must** attach at least three (3) letters of reference relating to your moral qualifications, competency, and/or learning in the law. You **must** provide current contact information for each reference. See *Part I, Question 13(c)*.
 - d. You **must** attach a copy of your PA CLE transcript, which you may obtain at the PA Continuing Legal Education Board’s website at www.pacle.org or by calling the PA CLE Board at (800) 497-2253. See *Part I, Question 12(a)*.

- i. Within one year prior to filing the petition for reinstatement, you **must** complete 36 hours of accredited PA CLE courses, 12 of which **must** be in the area of ethics. Petitioners should ensure compliance with the “Current Schedule of Continuing Legal Education Courses Required for Reinstatement” as published in the *Pennsylvania Bulletin* on April 29, 2023: <https://www.pacodeandbulletin.gov/Display/pabull?file=/secure/pabulletin/data/vol53/53-17/568.html>. You **must** complete all courses **prior** to filing the petition.
- ii. CLE courses taken in another jurisdiction **may** be eligible for credit in Pennsylvania. For more information, contact the PA CLE Board.
- e. You **must** attach copies of all state tax returns and federal tax transcripts filed during the period of Inactive Status, Retired Status, or Administrative Suspension. You may attach copies of your filings with the state Department of Revenue. When submitting tax transcripts from the IRS, the “Record of Account Transcript” should be used for the current year and up to three prior years and the “Tax Account Transcript” may be used for all earlier years, as appropriate. *See Part II, Question 4(a).*
- f. If you have any unsatisfied judgments against you, you **must** attach a copy of each judgment. *See Part II, Question 4(c).*

If you are unable to submit your filing using the Disciplinary Board’s [Attorney Gateway](#), you may submit your filing in paper form. To do so, submit to the Board Prothonotary: (i) the filing fee in the form of a check or money order made payable to “PA Disciplinary Board”; (ii) the original Petition for Reinstatement; (iii) the original Special Reinstatement Questionnaire (parts I and II) with any attachments; and (iv) four notarized original Waiver of Confidentiality forms.

- 5. After the petition for reinstatement and all accompanying documents are filed, the matter is referred to the Office of Disciplinary Counsel (“ODC”). ODC has 60 days to file a response and will serve a copy on you.
 - a. If ODC files a certification stating that after review of your petition they have determined that there is no impediment to reinstatement and that you will meet your burden of proof under the Rules, the Board Prothonotary will not schedule the matter for hearing. Instead, the matter will be referred to a Disciplinary Board Member for review and recommendation. If the Board Member recommends reinstatement, the matter will be forwarded to the Supreme Court with a proposed order granting the reinstatement. It will also be recommended that you be ordered to reimburse the Board for the costs incurred in processing the matter. *See Pa.R.D.E. 218(d).*
 - b. If ODC files a response objecting to the reinstatement, or the reviewing Board Member objects to a recommendation for reinstatement, the Board Prothonotary shall refer the petition and response to a hearing committee member and schedule the matter for hearing. In this situation, the costs incurred will include all costs associated with a hearing. The procedure may also take more time, as the matter is eventually referred to the full Disciplinary Board for review after the filing of the hearing committee member’s report and recommendation. *See Pa.R.D.E. 218(d)(4) & (5).*
- 6. Upon the issuance of a Supreme Court Order granting your reinstatement, you **must** pay all outstanding costs and attorney registration fees prior to reinstatement.
- 7. Notations in **bold** within the questionnaire indicate documents that **must** be included with your submission.

THE DISCIPLINARY BOARD OF THE SUPREME COURT OF PENNSYLVANIA

601 Commonwealth Avenue, Suite 5600

P.O. Box 62625

Harrisburg, PA 17106-2625

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SPECIAL REINSTATEMENT QUESTIONNAIRE

PART I

Responses Must Be Complete and Typewritten

1. Contact Information

(a) Full Name: _____

(b) Attorney ID: _____

(c) Mailing Address: _____

(d) Telephone Number: _____

(e) Facsimile Number: _____

(f) Have you ever used another name? ☐ Yes ☐ No

Has your name ever been legally changed by court order or marriage? ☐ Yes ☐ No

If the answer is "Yes" to either part of (f), provide the details below:

Previous Name	Current Name	Reason for Change	Date of Change

** If your current name differs from what the Attorney Registration Office has on file, you must attach a copy of the official document authorizing the name change (i.e. Court Order, Social Security Card, etc.)*

2. List all educational institutions (after high school) which you have attended.

Educational Institution	Address	From (MM/YY)	To (MM/YY)	Degree Earned	Date Conferred (MM/YY)

3. Admission and Status

(a) Date of admission to the Bar of Pennsylvania: _____

(b) When did you elect Inactive or Retired Status? What was your reason for transferring to Inactive or Retired status? (Provide for all dates of Inactive or Retired Status since admission).

Status (Inactive or Retired)	Date Elected	Reason for Election

(c) If you were Administratively Suspended, provide the date of the Supreme Court Order and indicate reason for Administrative Suspension (i.e. non-payment of annual fee, non-payment of costs, or non-compliance with CLE requirements).

Supreme Court Order Date	Reason for Administrative Suspension (non-payment of annual fee, non-payment of costs, or non-compliance with CLE requirements)

4. Other Admission Information: Other than the Supreme Court of Pennsylvania, provide all jurisdictions where you are, or were, admitted to practice, including any federal district or appellate courts or administrative agencies, even those in Pennsylvania.

Jurisdiction	Date of Admission	Current Status	If current status is <u>not</u> active, list date of change and reason.

**** Attach a Certificate of Good Standing (or certification of current status, if not active) AND a Letter of Ethical Conduct (disciplinary history) from each jurisdiction listed above, including any U.S. District Courts or U.S. Courts of Appeal.***

5. Since your admission to the Pennsylvania Bar, list every application for admission, other than those provided in Question 4, which you submitted to any bar, attorney licensing agency, or court, including pro hac vice applications and applications for reinstatement, whether pursued or subsequently withdrawn.

Name of Court or Licensing Agency	Date of Application	Disposition of Application and Explanation	Date of Disposition or Admission

6. Employment History

- (a) Detail all employment history prior to Inactive Status, Retired Status, or Administrative Suspension, including both legal and non-legal positions. If necessary, attach an additional listing.

Name of Employer:	
Address:	
Job Title:	
Dates Employed:	
Immediate Supervisor:	
Supervisor Phone/Email:	
Paid Position? (Y/N):	
Reason for Departure:	

Name of Employer:	
Address:	
Job Title:	
Dates Employed:	
Immediate Supervisor:	
Supervisor Phone/Email:	
Paid Position? (Y/N):	
Reason for Departure:	

Name of Employer:	
Address:	
Job Title:	
Dates Employed:	
Immediate Supervisor:	
Supervisor Phone/Email:	
Paid Position? (Y/N):	
Reason for Departure:	

- (b) Detail all employment history (including self-employment) during the period of Inactive Status, Retired Status, or Administrative Suspension, including both legal and non-legal positions. If necessary, attach an additional listing.

Name of Employer:	
Address:	
Job Title:	
Dates Employed:	
Immediate Supervisor:	
Supervisor Phone/Email:	
Paid Position? (Y/N):	
Law-related position? (Y/N):	
Reason for Departure:	

Name of Employer:	
Address:	
Job Title:	
Dates Employed:	
Immediate Supervisor:	
Supervisor Phone/Email:	
Paid Position? (Y/N):	
Law-related position? (Y/N):	
Reason for Departure:	

Name of Employer:	
Address:	
Job Title:	
Dates Employed:	
Immediate Supervisor:	
Supervisor Phone/Email:	
Paid Position? (Y/N):	
Law-related position? (Y/N):	
Reason for Departure:	

- (i) If any of the employment listed above involved law-related activity in Pennsylvania, did you and your supervising attorney file a notice of employment with the Disciplinary Board pursuant to Pa.R.D.E. 217(j)(5)?

☐ Yes ☐ No ☐ N/A

If YES, attach proof of compliance.

- (ii) If any of the employment listed above included law-related activity in Pennsylvania, and such law-related activity has terminated, did you and your supervising attorney file a notice with the Disciplinary Board pursuant to Pa.R.D.E. 217(j)(5)?

☐ Yes ☐ No ☐ N/A

If YES, attach proof of compliance.

- (iii) If any of the employment listed above included law-related activity in Pennsylvania, and you checked NO on question 6(b)(i) or (ii), please explain.

- (c) Have you performed any legal services for clients with or without fee during the period of Inactive Status, Retired Status, or Administrative Suspension?

☐ Yes ☐ No

If YES, provide the details below.

7. Have you ever applied for, obtained, or were denied licensing for non-legal services? Such licensing may include, but is not limited to: selling securities, selling insurance, real estate agent or broker, nurse, physician, massage therapist, cosmetology.

☐ Yes ☐ No

If YES, provide the details below. If necessary, attach an additional listing and/or documentation.

Type of License	Licensing Body	Current Status	Date of Most Recent Status

8. Discipline or Disqualification

- (a) Have you ever been disbarred, suspended from practice, reprimanded, censured, admonished, or otherwise disciplined or disqualified (including the revocation of a pro hac vice admission, or transfer to disability or Administrative Suspension) by a licensing agency, court, or professional organization for conduct as an attorney? ☐ Yes ☐ No

If YES, attach copies of all reports or decisions relating to such discipline or disqualification, including the order of discipline or disqualification.

- (b) Provide date(s) discipline was imposed, jurisdiction, nature of disciplinary action taken, and name/address of person or office with possession of the record. For suspension or disbarment, provide the length of suspension and citation of case, if reported. **If the sanction was imposed following the conviction of a crime, attach a copy of the judgment of conviction.** If necessary, attach an additional listing and/or documentation.

Date Imposed	Jurisdiction	Action	Record Holder	Length of Suspension (if applicable)

- (c) If conversion, withholding, or neglect to pay money on demand of clients was involved in any discipline, provide the names and addresses of persons injured, amounts withheld, and the uses of the money.

- (d) If any information is submitted in answer to item 7(c) above, to what extent, if any, has restitution been made? Include dates and amounts of restitution made and if a surety made any payment, in part or in whole.

9. Investigations

- (a) Are you currently the subject of any disciplinary complaint filed with any disciplinary agency?

☐ Yes ☐ No

If YES, provide the details below. If necessary, attach an additional listing and/or documentation.

Jurisdiction	Nature of Allegations

(b) Are you currently the subject of any investigation by any law enforcement agency?

☐ Yes ☐ No

If YES, provide the details below. If necessary, attach an additional listing and/or documentation.

Agency	Nature of Investigation	Court

10. Have you ever been under investigation, arrested, or prosecuted for any crime(s)?

☐ Yes ☐ No

If YES, provide the details below. If you were convicted of a crime, attach a copy of the judgment of conviction. If necessary, attach an additional listing and/or documentation.

Name and Location of Tribunal, Court, or Investigative Body	Date, Case Number, and Citation or Other Reference	Nature of the Crime and Manner of Disposition	Location of the Record of the Proceeding

11. Civil Actions and Administrative Proceedings

(a) Have you ever been involved in a civil action as a party or as one who claimed an interest?

☐ Yes ☐ No

If YES, provide the details below including: (1) date on which the action commenced, (2) case caption, (3) court, (4) docket number, (5) summary of the allegations made in each such action,

(6) current status, and (7) final disposition, if any. If necessary, attach an additional listing and/or documentation.

- (b) Have you been the subject of any inquiry, investigation, or administrative proceeding involving your standing as a member of any profession or organization, or holder of any license or office (including licenses listed in response to Question 7)?

☐ Yes ☐ No

If YES, provide the details below including: (1) date of inquiry or proceeding, (2) underlying facts, (3) forum where the charges or claims are or were considered, including the name and address of the authority in possession of the record, (5) current status, and (6) disposition, if any. If necessary, attach an additional listing and/or documentation.

- (c) Has any malpractice action ever been filed against you?

☐ Yes ☐ No

If YES, provide the details below including: (1) date of charge or claim, (2) name and address of claimant, (3) substance of the charge or claim, (4) forum where the charges or claims are or were considered, (5) current status, and (6) disposition, if any. If necessary, attach an additional listing and/or documentation.

- (d) Has the Pennsylvania Lawyers Fund for Client Security (PaLFCS) ever made any disbursement to your former clients?

☐ Yes ☐ No

In all instances, attach a copy of a letter from PaLFCS indicating that either (1) full restitution has been made to the Fund or (2) that no restitution is owed to the Fund. The request for this information must be made in writing and must include the attorney's full name, current mailing address, and the Pennsylvania Attorney ID number. Visit www.palawfund.com for more information.

12. Maintaining Currency, Competency, and Learning in the Law

- (a) **Provide a copy of your PA CLE Transcript reflecting that, within one year prior to the filing of this petition, you have earned at least 36 hours of PA CLE credits, 12 of which must be in the area of Ethics.** Petitioners should ensure compliance with the most recent "Current Schedule of Continuing Legal Education Courses Required for Reinstatement" as published in the *Pennsylvania Bulletin*.

- (b) List all legal periodicals, official reporters, or other materials which you read or to which you have subscribed during the period of Inactive Status, Retired Status, or Administrative Suspension.

- (c) Have you conducted legal research during the period of Inactive Status, Retired Status, or Administrative Suspension?

☐ Yes ☐ No

If YES, provide the details below. If necessary, attach an additional listing and/or documentation.

Entity for Whom Research was Conducted	Topic or Purpose	Date Completed	Payment Received (if any)

- (d) In addition to the courses listed on your PA CLE transcript, have you attended other continuing legal education courses, including law school courses, during the period of Inactive Status, Retired Status, or Administrative Suspension?

☐ Yes ☐ No

If YES, provide the details below. If necessary, attach an additional listing and/or documentation.

Course Title	Location of Course	Date of Course	Credits Received (if any)

13. Practice after Reinstatement

- (a) Describe your plans for practicing law if you are reinstated to active status. Do you intend to practice law? If so, in what location (city, county, and courts) and with whom (if any associates or partners)? What area(s) of specialization or concentration of practice do you intend to pursue? If you do not intend to actively practice law, provide the nature of your intended employment,

including the location and whether or not you will have associates or partners. If necessary, attach additional information and/or documentation.

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(b) If any, describe efforts taken to be covered by professional liability insurance if you are reinstated, including the results of such efforts.

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(c) **Attach three letters of reference offered to demonstrate your moral qualifications, competency and learning in the law.** Provide current details about each reference below.

Name	Relationship to Petitioner	Telephone Number	Address and/or Email Address

14. State concisely any additional facts or matters you desire to have considered, other than those stated previously.

15. State concisely those facts upon which you rely to justify your reinstatement to the Bar of this Commonwealth, relating such facts to the burden of proof under Pa.R.D.E. 218(d).

16. Certification

I certify that the foregoing responses are true and correct to the best of my knowledge, information, and belief, and that I am aware of my obligation to supplement responses as set forth in the filing instructions for the Special Reinstatement Questionnaire. Further, I acknowledge that said responses will become a part of the record of my reinstatement proceeding and false statements made herein are subject to the criminal penalties of 18 Pa. C.S. §4904(b).

Signature of Petitioner

Date



Instructions for Completing the Confidential Document Form

The following documents are confidential and shall be filed with a court or custodian with the “Confidential Document Form”:

1. Financial Source Documents as listed on the form
2. Minors’ educational records
3. Medical/Psychological records are defined as “records relating to the past, present, or future physical or mental health or condition of an individual”
4. Children and Youth Services’ records
5. Marital Property Inventory and Pre-Trial Statement as provided in Pa.R.Civ.P. 1920.33
6. Income and Expense Statement as provided in Pa.R.Civ.P. 1910.27(c)
7. Agreements between the parties as used in 23 Pa.C.S. § 3105

For each confidential document, list the paragraph, page, etc. where the document is referenced in the filing. Please note, this form does not need to be filed in types of cases that are sealed or exempted from public access pursuant to applicable authority (e.g. juvenile, adoption, etc.)

- **Please only attach documents necessary for the purposes of this case.**
- Complete the entire form and check all that apply.
- This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

A court or custodian is not required to review or redact any filed document for compliance with the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*. A party’s or attorney’s failure to comply shall not affect access to case records that are otherwise accessible.

If a filed document fails to comply with the above referenced policy, a court of record may, upon motion or its own initiative, with or without a hearing, order the filed document sealed; a magisterial district court may do so upon request or its own initiative. A court of record may impose sanctions for failure to comply.

CONFIDENTIAL DOCUMENT FORM



Case Records Public Access Policy of the Unified Judicial System of Pennsylvania

204 Pa. Code § 213.81

www.pacourts.us/public-records

(Party name as displayed in case caption)

Docket/Case No.

Vs.

(Party name as displayed in case caption)

Court

This form is associated with the pleading titled _____, dated _____, _____.

Pursuant to the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*, the Confidential Document Form shall accompany a filing where a confidential document is required by law, ordered by the court, or is otherwise necessary to effect the disposition of a matter. This form shall be accessible to the public, however the documents attached shall not be publicly accessible, except as ordered by a court. The documents attached will be available to the parties, counsel of record, the court, and the custodian.

Please only attach documents necessary for the purposes of this case. Complete the entire form and check all that apply. This form and any additional pages must be served on all unrepresented parties and counsel of record.

Type of Confidential Document	Paragraph, page, etc. where the confidential document is referenced in the filing:
Financial Source Documents	
Tax Returns and schedules	
W-2 forms and schedules including 1099 forms or similar documents	
Wage stubs, earning statements, or other similar documents	
Credit card statements	
Financial institution statements (e.g., investment/bank statements)	
Check registers	
Checks or equivalent	
Loan application documents	
Minors' educational records	
Medical/Psychological records	
Children and Youth Services' records	
Marital Property Inventory and Pre-Trial Statement as provided in Pa.R.Civ.P. 1920.33	
Income and Expense Statement as provided in Pa.R.Civ.P. 1910.27(c)	
Agreements between the parties as used in 23 Pa.C.S. § 3105	

I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

Signature of Attorney or Unrepresented Party

Date

Name: _____

Attorney Number: (if applicable) _____

Address: _____

Telephone: _____

Email: _____

THE DISCIPLINARY BOARD OF THE SUPREME COURT OF PENNSYLVANIA

601 Commonwealth Avenue, Suite 5600

P.O. Box 62625

Harrisburg, PA 17106-2625

(717) 231-3380

SPECIAL REINSTATEMENT QUESTIONNAIRE

PART II

Responses Must Be Complete and Typewritten

1. Personal Information

(a) Full Name: _____

(b) Attorney ID: _____

(c) Social Security Number: _____

(d) Mailing Address: _____

(e) Home Address: _____

(f) Telephone Number: _____

(g) Facsimile Number: _____

(h) Email Address: _____

(i) Preferred Method of Contact: _____

(j) Date and Place of Birth: _____

2. List your past residence addresses during the past 10 years or the period of Inactive Status, Retired Status, or Administrative Suspension, whichever is longer.

Dates	Residence Address

3. Do you have a presence on any website(s) accessible to the general public, including, but not limited to social media?

☐ Yes ☐ No

If YES, provide the details below. If necessary, attach an additional listing and/or documentation.

Website	Username or User ID

4. Financial Information

- (a) Since your admission to the Pennsylvania Bar, have you timely filed all of your state and federal tax returns to date (e.g. individual income tax, business tax, payroll tax)? **Attach copies of all state tax returns and federal tax transcripts filed during the period of Inactive Status, Retired Status, or Administrative Suspension (see *Instruction 4(e)*).**

☐ Yes ☐ No

If NO, provide the details below. If necessary, attach an additional listing and/or documentation.

Tax Year	Taxing Authority	Date Due	Date Filed (if filed)

(b) Do you have any outstanding unpaid federal, state, or local individual income taxes and/or unpaid related business and/or payroll taxes?

☐ Yes ☐ No

If YES, provide the details below. If necessary, attach an additional listing and/or documentation.

Tax Year	Taxing Authority	Amount Owed	Current Status of Delinquency

(c) Are there any unsatisfied judgments or outstanding tax liens against you?

☐ Yes ☐ No

If YES, provide the details below. **You must attach a copy of each judgment and/or lien entered against you.** If you are currently on a payment plan, provide documentation regarding such arrangement. If necessary, attach an additional listing and/or documentation.

Name and Address of Creditor	Nature of Judgment or Lien	Date of Judgment or Lien	Amount Owed	Current Status of Delinquency	Reason for Non- Payment

(d) Do you have any debts which are currently 90 or more days past due?

☐ Yes ☐ No

If YES, provide the details below. If necessary, attach an additional listing and/or documentation.

Name and Address of Creditor	Nature of Debt	Date Debt Incurred	Amount Owed	Current Status of Delinquency	Reason for Non- Payment

(e) Are you subject to an order or agreement to pay child and/or spousal support?

☐ Yes ☐ No

If YES, attach a copy of the support order or agreement and proof that such payments are current.

5. Certification

I certify that the foregoing responses are true and correct to the best of my knowledge, information, and belief, and that I am aware of my obligation to supplement responses as set forth in the filing instructions for the Special Reinstatement Questionnaire. Further, I acknowledge that said responses will become a part of the record of my reinstatement proceeding and false statements made herein are subject to the criminal penalties of 18 Pa. C.S. §4904(b).

Signature of Petitioner

Date

CERTIFICATE OF COMPLIANCE

I certify that this filing complies with the provisions of the *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts* that require filing confidential information and documents differently than non-confidential information and documents.

Submitted by: _____

Signature: _____

Name: _____

Attorney ID No. (if applicable): _____