

## REQUEST FOR CERTIFICATE OF DISCIPLINARY HISTORY

I, a Pennsylvania attorney, hereby request a Certificate of Disciplinary History and provide the information listed below in support of my request. I understand that the Certificate will include my name as licensed, my PA Attorney Identification Number, the date of admission, and will identify any discipline of record (including open matters, private discipline, or public discipline).

Full Name: \_\_\_\_\_

PA ID Number: \_\_\_\_\_

### Reason for Request:

\_\_\_ Application for Admission to the Bar

Specify jurisdiction or court. \_\_\_\_\_

\_\_\_ Other (i.e. Military)

Please Specify. \_\_\_\_\_

### My Contact Information:

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

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

City, State and Zip: \_\_\_\_\_

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

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

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

Please make check payable to **PA Disciplinary Board** in the amount of \$25.00  
and send a **pre-paid self-addressed envelope** to:

Office of Chief Disciplinary Counsel  
Pennsylvania Judicial Center  
601 Commonwealth Avenue, Suite 2700  
P.O. Box 62485  
Harrisburg, PA 17106-2485  
Phone: (717) 783-0990 Fax: (717) 783-4963