

Disciplinary Board of the Supreme Court of Pennsylvania

Attn: 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. Use this form if unable to submit updates online.

General Information

Attorney Name: _____

Attorney ID Number: _____

Effective Date of Change: _____

Name of Employer: _____

Address Information

An office, home, AND mailing address must be provided with one being selected for public access. The provided home and office addresses are each required to be a street address, pursuant to [Pa.R.D.E. Rule 219\(d\)\(1\)\(ii\)](#).

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

Email Address

Provide at least one (primary) email address.

Primary Email: _____

Secondary Email: _____

Other Email: _____

Phone Numbers

Provide at least one (primary) phone number.

Primary Phone: _____

Secondary Phone: _____

Other Phone: _____

Fax: _____

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.