



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). Use this form if unable to submit updates 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

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

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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.**