



The
DISCIPLINARY BOARD
of the Supreme Court of Pennsylvania

Attorney Registration
601 Commonwealth Avenue, Suite 5600
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APPLICATION FOR RETIREMENT (Form DB-27)

Notice is hereby given that I apply for retired status, pursuant to Pa.R.D.E. 219(i). In taking this action, I fully understand that after the Supreme Court issues an order transferring me to retired status, I shall no longer be eligible to practice law in Pennsylvania and will be relieved from the payment of the fee imposed by this rule upon active practitioners. I further understand that if I remain on retired status for three years or less, that I may be reinstated by paying the annual active fee for the three most recent years or such shorter period in which I was on retired status.

By signing this form, I acknowledge that I am aware that: 1) under Pa.R.D.E. 201(a)(3), the Supreme Court of Pennsylvania and the Disciplinary Board retain jurisdiction to discipline me for misconduct; 2) if I am convicted of a crime, I have a continuing duty under Pa.R.D.E. 214(a) to report the conviction to the Office of Disciplinary Counsel within 20 days; and 3) if I am disciplined by another court or in another jurisdiction, I have a continuing duty under Pa.R.D.E. 216(e) to report such to the Disciplinary Board within 20 days. I also certify that, to my knowledge, there are no ongoing investigations into any misconduct on my part in this or any other jurisdiction.

**ATTACH CURRENT LICENSE CARD HERE AND
RETURN COMPLETED FORM TO THE
ABOVE ADDRESS.**

**IF YOU DO NOT HAVE YOUR CURRENT LICENSE
CARD, PLEASE PROVIDE A BRIEF EXPLANATION.**

Attorney Name: _____ Attorney ID Number: _____

Office Address: _____

Residence Address: _____

Telephone Number: _____ E-Mail: _____

Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY DISCIPLINARY BOARD STAFF.

Request for Supreme Court Action
Prothonotary - Western District Office

In accordance with Rule 219(i) of the Pennsylvania Rules of Disciplinary Enforcement, it is requested that an Order transferring the above attorney to retired status be issued.

Authorized Signature: _____ Date: _____