



The  
**DISCIPLINARY BOARD**  
of the Supreme Court of Pennsylvania

Attorney Registration  
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## REQUEST FOR INACTIVE STATUS (Form DB-28)

I request Inactive Status for one or more of the following reasons in accordance with Pa.R.D.E. 219(j): I am not engaged in the practice of law in Pennsylvania; I have sold my practice pursuant to R.P.C. 1.17; and/or I am not required by virtue of my practice elsewhere to maintain active licensure in the Commonwealth.

In taking this action, I fully understand that I shall be removed from the roll of those classified as active until and unless I request and am granted a return to active status. I **further understand that I shall continue to file the annual registration form and pay the inactive annual fee. Non-compliance will result in late penalties and being placed on administrative suspension.**

I acknowledge that I have reviewed and understand the procedures to resume active status. If I wish to resume active status and have held active status within the preceding three years, I may request active status without the submission of a petition for reinstatement. See Pa.R.D.E. 219. If I have not held active status within the preceding three years, I must petition for reinstatement to resume active status. See Pa.R.D.E. 218(d), (h).

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.

Attorney Name: \_\_\_\_\_ Attorney ID Number: \_\_\_\_\_

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

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

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

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

**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.**