



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

EXECUTIVE OFFICE – BOARD PROTHONOTARY  
601 COMMONWEALTH AVENUE, SUITE 5600  
P.O. Box 62625  
HARRISBURG, PA 17106-2625  
(717) 231-3380

**REINSTATEMENT QUESTIONNAIRE (FORM DB-36)**

Reinstatement from Disbarment, Suspension for More Than One Year, or  
After Transfer to Disability Inactive Status Pursuant to Pa.R.D.E. 301

INSTRUCTIONS FOR COMPLETION AND FILING

1. This questionnaire may be used **only** by attorneys petitioning for reinstatement from disbarment, suspension for more than one year, or after transfer to disability inactive status pursuant to Pa.R.D.E. 301.
2. Disciplinary Board Rule 89.272 provides that the Board will not entertain a Petition for Reinstatement filed before the formerly admitted attorney has paid in full any costs, fees, or penalties assessed by the Board or the Court and has made any required restitution to the Pennsylvania Lawyers Fund for Client Security.
3. A formerly admitted attorney suspended for more than one year may file a Petition for Reinstatement nine (9) months prior to the expiration of the term of the suspension. A formerly admitted attorney who was disbarred may not file a Petition for Reinstatement until the expiration of at least five (5) years from the date of disbarment. For suspension and disbarment orders entered on or after February 28, 2015, the waiting period for eligibility to apply for reinstatement does not begin until the filing of the verified statement required by Pa.R.D.E. 217(e)(3)
4. You **must** respond to all Questionnaire items fully and precisely. Use “none” or “not applicable” where no information is necessary to answer a Questionnaire item. Use additional pages as necessary to provide complete answers.
5. This questionnaire is made of two parts: Part I and Part II. Both parts **must** be included with your filing and **must** be typewritten. Part I shall become a part of the record of the reinstatement proceeding and, in accordance with Pa.R.D.E. 402(a)(2), is a public document. Part II is a part of the record but is not a public document.
  - a. If you believe your filing contains confidential information covered by the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*, you **must** comply with that policy. For more information on the policy, visit [www.pacourts.us/public-record-policies](http://www.pacourts.us/public-record-policies).
6. Using the Disciplinary Board’s [Attorney Gateway](https://www.padisciplinaryboard.org/attorney-gateway) (<https://www.padisciplinaryboard.org/attorney-gateway>), you **must** submit the appropriate filing fee as defined in [Pa.R.D.E. 218\(f\)\(1\)](#) and file an electronic copy of the original: Petition for Reinstatement; Reinstatement Questionnaire (Parts I and II) and any attachments thereto; and a notarized Authorization and Release form (you **must** retain the original notarized Authorization and Release form until final determination on the Petition for Reinstatement).
  - a. You **must** attach a Certificate of Good Standing (or certification of current status, if not active) and a letter of ethical conduct (disciplinary history) for each jurisdiction where you are (or were) admitted to practice, including any federal district or appellate courts, **other than the Supreme Court of Pennsylvania**. See *Part I, Question 4*.

- b. You **must** attach a letter from the Pennsylvania Lawyers Fund for Client Security indicating that no restitution is owed to the Fund. You must make this request in writing, including your full name, current mailing address, and Pennsylvania attorney ID number. Visit [www.palawfund.com](http://www.palawfund.com) for more information. See *Part I, Question 12(d)*.
- c. You **must** attach a copy of your PA CLE transcript, which you may obtain at the PA Continuing Legal Education Board's website at [www.pacle.org](http://www.pacle.org) or by calling the PA CLE Board at (800) 497-2253. See *Part I, Question 13(a)*.
  - i. Within one year prior to filing the petition for reinstatement, you must complete 36 hours of accredited PA CLE courses, 12 of which must be in ethics. Petitioners must take the *Bridge the Gap* course. Petitioners should ensure compliance with the "Current Schedule of Continuing Legal Education Courses Required for Reinstatement" as published in the *Pennsylvania Bulletin* on April 29, 2023: <https://www.pacodeandbulletin.gov/Display/pabull?file=/secure/pabulletin/data/vol53/53-17/568.html>. You must complete all courses prior to filing the petition.
  - ii. CLE courses taken in another jurisdiction may be eligible for credit in Pennsylvania. For more information, contact the PA CLE Board.
- d. You **must** attach a certified copy of the Court Order imposing your disbarment, suspension, or transfer to disability inactive status pursuant to Pa.R.D.E. 301. Contact the Deputy Prothonotary's Office of the Supreme Court in Pittsburgh at (412) 565-2816 to obtain the certified copy.
- e. You **must** attach copies of the Disciplinary Board's Report and Recommendation, Hearing Committee Report and Recommendation, Joint Petition for Discipline (if you were disciplined on consent), or Statement of Resignation (if you were disbarred on consent). You may contact the Disciplinary Board Prothonotary's Office at (717) 231-3380 to obtain the copies, if needed.
- f. You **must** attach copies of all state tax returns and federal tax transcripts filed during the period of suspension, disbarment, or inactive status pursuant to Pa.R.D.E. 301. You may attach copies of your filings with the state Department of Revenue. When submitting tax transcripts from the IRS, the "Record of Account Transcript" should be used for the current year and up to three prior years and the "Tax Account Transcript" may be used for all earlier years, as appropriate. See *Part II, Question 5(a)*.
- g. If you have any unsatisfied judgments against you, you **must** attach a copy of each judgment. See *Part II, Question 5(c)*.

If you are unable to submit your filing using the Disciplinary Board's [Attorney Gateway](#), you may submit your filing in paper form. To do so, submit to the Board Prothonotary: (i) the filing fee in the form of a check or money order made payable to "PA Disciplinary Board"; (ii) the original Petition for Reinstatement; (iii) the original Reinstatement Questionnaire (Parts I and II) with any attachments; and (iv) ten notarized original Authorization and Release forms.

- 7. After the Petition for Reinstatement and all accompanying documents are filed, the matter is referred to the Office of Disciplinary Counsel ("ODC"). ODC has 60 days to file a response and will serve a copy on you. For more information on the reinstatement process, see Pa.R.D.E. 218 and 301, as applicable.
- 8. Notations in **bold** within the questionnaire indicate documents that **must** be included with your submission.

THE DISCIPLINARY BOARD OF THE SUPREME COURT OF PENNSYLVANIA  
601 Commonwealth Avenue, Suite 5600  
P.O. Box 62625  
Harrisburg, PA 17106-2625  
(717) 231-3380

**REINSTATEMENT QUESTIONNAIRE**

**PART I**

*Responses Must Be Complete and Typewritten*

1. Contact Information

(a) Full Name: \_\_\_\_\_

(b) Attorney ID: \_\_\_\_\_

(c) Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(d) Telephone Number: \_\_\_\_\_

(e) Facsimile Number: \_\_\_\_\_

(f) Have you ever used another name?  Yes  No

Has your name ever been legally changed by court order or marriage?  Yes  No

If the answer is "Yes" to either part of (f), provide the details below:

Previous Name	Current Name	Reason for Change	Date of Change

*\* If your current name differs from what the Attorney Registration Office has on file, you must attach a copy of the official document authorizing the name change (i.e. Court Order, Social Security Card, etc.).*

2. List all educational institutions (after high school) which you have attended.

Educational Institution	Address	From (MM/YY)	To (MM/YY)	Degree Earned	Date Conferred (MM/YY)

3. Date of admission to the Bar of Pennsylvania: \_\_\_\_\_

4. Other Admission Information: Other than the Supreme Court of Pennsylvania, provide all jurisdictions where you are, or were, admitted to practice, including any federal district or appellate courts or administrative agencies, even those in Pennsylvania.

Jurisdiction	Date of Admission	Current Status	If current status is <u>not</u> active, list date of change and reason.

**\* Attach a Certificate of Good Standing (or certification of current status, if not active) AND a Letter of Ethical Conduct (disciplinary history) from each jurisdiction listed above, including any U.S. District Courts or U.S. Courts of Appeal.**

5. Since your admission to the Pennsylvania Bar, list every application for admission, other than those provided in Question 4, which you submitted to any bar, attorney licensing agency, or court, including pro hac vice applications, whether pursued or subsequently withdrawn.

Name of Court or Licensing Agency	Date of Application	Disposition of Application and Explanation	Date of Disposition or Admission

6. Employment History

(a) Detail all employment history prior to your disbarment, suspension, or transfer to disability inactive status, including both legal and non-legal positions. If necessary, attach an additional listing. If you were in partnership or other association with another lawyer or with a law firm, list the name of the firm, the names of other partners, and dates of association.

Name of Employer:	
Address:	
Job Title:	
Dates Employed:	
Immediate Supervisor:	
Supervisor Phone/Email:	
Paid Position? (Y/N):	
Law-related position? (Y/N):	
Reason for Departure:	

Name of Employer:	
Address:	
Job Title:	
Dates Employed:	
Immediate Supervisor:	
Supervisor Phone/Email:	
Paid Position? (Y/N):	
Law-related position? (Y/N):	
Reason for Departure:	

Name of Employer:	
Address:	
Job Title:	
Dates Employed:	
Immediate Supervisor:	
Supervisor Phone/Email:	
Paid Position? (Y/N):	
Law-related position? (Y/N):	
Reason for Departure:	

Name of Employer:	
Address:	
Job Title:	
Dates Employed:	
Immediate Supervisor:	
Supervisor Phone/Email:	
Paid Position? (Y/N):	
Law-related position? (Y/N):	
Reason for Departure:	

(b) Detail all employment history (including self-employment) during the period of disbarment, suspension, or disability inactive status. If necessary, attach an additional listing.

Name of Employer:	
Address:	
Job Title:	
Job Duties:	
Did job duties include law-related activity? (Y/N)	
Dates Employed:	
Immediate Supervisor:	
Supervisor Phone/Email:	
Paid? (Y/N) (include amount of compensation):	
Reason for Departure:	

Name of Employer:	
Address:	
Job Title:	
Job Duties:	
Did job duties include law-related activity? (Y/N)	
Dates Employed:	
Immediate Supervisor:	
Supervisor Phone/Email:	
Paid? (Y/N) (include amount of compensation):	
Reason for Departure:	

Name of Employer:	
Address:	
Job Title:	
Job Duties:	
Did job duties include law-related activity? (Y/N)	
Dates Employed:	
Immediate Supervisor:	
Supervisor Phone/Email:	
Paid? (Y/N) (include amount of compensation):	
Reason for Departure:	

Name of Employer:	
Address:	
Job Title:	
Job Duties:	
Did job duties include law-related activity? (Y/N)	
Dates Employed:	
Immediate Supervisor:	
Supervisor Phone/Email:	
Paid? (Y/N) (include amount of compensation):	
Reason for Departure:	

(i) If any of the employment listed above involved law-related activity in Pennsylvania, did you and your supervising attorney file a notice of engagement with the Disciplinary Board pursuant to Pa.R.D.E. 217(j)(5)?

Yes     No     N/A

***If YES, attach proof of compliance.***

(ii) If any of the employment listed above included law-related activity in Pennsylvania, and such law-related activity has terminated, did you and your supervising attorney file a notice with the Disciplinary Board pursuant to Pa.R.D.E. 217(j)(5)?

Yes     No     N/A

***If YES, attach proof of compliance.***

(iii) If any of the employment listed above included law-related activity in Pennsylvania, and you checked NO on question 6(b)(i) or (ii), please explain.

(c) Have you performed any legal services for clients, with or without fee, during the period of disbarment, suspension, or disability inactive status?

Yes     No

If YES, provide the details below.

7. Since the date of your present disbarment, suspension, or transfer to disability inactive status, have you acted as a fiduciary in any capacity, including but not limited to: Power of Attorney, Executor or Administrator of an Estate, Personal Representative, Guardian, Conservator, Receiver, or Trustee?

Yes     No

If YES, provide the details below. If necessary, attach an additional listing and/or documentation.

**Attach copies of any appointing orders or letters.**

Fiduciary Capacity	Court	Case or Docket Number	Payment Received

8. Have you ever applied for, obtained, or were denied licensing for non-legal services? Such licensing may include, but is not limited to: selling securities, selling insurance, real estate agent or broker, nurse, physician, massage therapist, cosmetology.

Yes     No

If YES, provide the details below. If necessary, attach an additional listing and/or documentation.

**Attach copies of each application, license, or denial.**

Type of License	Licensing Body	Current Status	Date of Most Recent Status

9. Discipline or Disqualification

(a) Describe the misconduct upon which your present suspension or disbarment is based.

(b) Provide the following detailed information or attachments:

- (i) **Attach a Certified copy of the order imposing your present disbarment, suspension of more than one year, or transfer to disability inactive status pursuant to Pa.R.D.E. 301, along with any opinion which may have accompanied such order.**
- (ii) **Attach a copy of the Report and Recommendations of the Disciplinary Board or other similar body existing prior to the establishment of the Board or existing in another jurisdiction.**
- (iii) **Attach a copy of the findings of the hearing committee or other similar body which heard the evidence.**
- (iv) ***If applicable*, attach a copy of the Statement of Resignation or Joint Petition in Support of Discipline on Consent.**
- (v) List the caption and docket number of the proceeding in which the order imposing your present disbarment, suspension, or transfer to disability inactive status was entered.

(vi) List the names and contact information of complaining or aggrieved parties. If necessary, attach an additional listing.

Name:	
Address:	
Email:	

Name:	
Address:	
Email:	

Name:	
Address:	
Email:	

(c) If your present suspension or disbarment was based on the conviction of a crime in this or any other jurisdiction (including federal), provide the following detailed information and attachments.

(i) Describe the nature of the charges and provide the citation to the criminal statute(s).

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(ii) **Attach a certified copy of indictment (or information), docket entries, and judgment and probation/commitment order (or equivalent thereof) and opinion(s). *If restitution was imposed, attach documentation demonstrating compliance with the restitution order.***

(iii) Provide the names and contact information of complaining witnesses. If necessary, attach an additional listing.

Name:	
Address:	
Email:	

Name:	
Address:	
Email:	

(iv) Name, court, and address of trial judge.

Name:	
Court:	
Address:	

(v) Name, organization, and address of prosecutor.

Name:	
Organization:	
Address:	

(vi) Citation or other reference to your criminal case, if reported in any bound volume(s) of reports.

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(d) In the proceeding that led to your present disbarment, suspension, or transfer to disability inactive status, was there a charge or finding of commingling, withholding, misuse, conversion, or neglecting to pay money on demand of clients, or any other similar charge involving improper handling of funds?

Yes     No

*If YES, provide answers to the following questions:*

(i) Provide the name and address of any person(s) involved and amount(s) withheld. If necessary, attach an additional listing.

Name:	
Address:	
Amount Withheld:	

Name:	
Address:	
Amount Withheld:	

Name:	
Address:	
Amount Withheld:	

Name:	
Address:	
Amount Withheld:	

(ii) As to each of the foregoing, provide detailed information as to the way in which and for what purpose the funds were expended. If necessary, attach an additional listing.

(iii) To what extent, if any, has restitution been made? As to each person individually, state when and by whom restitution has been made and whether any interest was paid. If necessary, attach an additional listing.

(iv) Has any surety, guarantor, or bar association fund, or any similar organization, made any restitution payment?

Yes     No

If YES, provide the name and contact information for the surety, guarantor, or bar association fund, or similar organization, who has made restitution. If necessary, attach an additional listing.

Name:	
Address:	
Telephone & Email:	

If YES, have you reimbursed, or made arrangements to reimburse, the entity which made restitution? Provide details. If necessary, attach an additional listing.

(e) After entry of the order imposing your present disbarment, suspension, or transfer to disability inactive status, did you file with the Disciplinary Board Prothonotary:

(i) Copies of notices substantially in the language of Form DB-23 (non-litigation notice of disbarment, suspension or transfer to disability inactive status) sent to clients pursuant to Pa.R.D.E. 217(a) and Disciplinary Board Rule 91.91?

Yes     No

If YES, on what date? \_\_\_\_\_

If NO, explain.

(ii) Copies of notices substantially in the language of Form DB-24 (litigation notice of disbarment, suspension or transfer to disability inactive status) sent to clients pursuant to Pa.R.D.E. 217(b) and Disciplinary Board Rule 91.92?

Yes     No

If YES, on what date? \_\_\_\_\_

If NO, explain.

(iii) Copy of the verified statement required by Pa.R.D.E. 217(e) and Disciplinary Board Rule 91.95?

Yes     No

If YES, on what date? \_\_\_\_\_

**Attach a copy of the verified statement and all documents attached thereto demonstrating proof of compliance.**

If NO, explain.

(iv) Were any costs or fees assessed by the Board in connection with your present disbarment, suspension, transfer to disability inactive status, withdrawn petition for reinstatement, or denial of reinstatement?

Yes     No

**If YES, attach the itemization of taxed expenses and proof that the Disciplinary Board has been paid in full. Note: Board Rule 89.272(b) prohibits an attorney from filing for reinstatement before all costs and fees have been paid in full.**

- (f) Have you ever sought reinstatement to practice as an attorney or counselor in any state, including Pennsylvania, or country or before a federal court or administrative agency?
- Yes      No

***If YES, provide the following detailed information or attachment(s):***

- (i) **Attach a copy of any prior reinstatement petition or application with supporting documentation that you filed and the response of the attorney disciplinary agency.**
  - (ii) **Attach a certified copy of the order granting, withdrawing, or denying your reinstatement petition or application.**
  - (iii) **Attach a copy of the Report and Recommendation of the Disciplinary Board or other similar body existing prior to the establishment of the Board or existing in another jurisdiction.**
  - (iv) **Attach a copy of the findings of the hearing committee or other similar body that heard the evidence.**
- (g) Other than your present disbarment, suspension, or transfer to disability inactive status, have you ever been disbarred, suspended from practice, reprimanded, censured, admonished, or otherwise disciplined or disqualified (including the revocation of a pro hac vice admission, or transfer to disability inactive status or administrative suspension) by a licensing agency, court, or professional organization for conduct as an attorney?

Yes      No

***If YES, attach copies of all reports or decisions relating to such discipline or disqualification, including the order and any opinions of discipline or disqualification.***

- (i) If you answered YES to question 9(c) above, provide date(s) discipline was imposed, jurisdiction, nature of disciplinary action taken, and name/address of person or office with possession of the record. For suspension or disbarment, provide the length of suspension and citation of case, if reported. If the sanction was imposed following the conviction of a crime, attach a copy of the judgment of conviction. If necessary, attach an additional listing and/or documentation.

Date Imposed	Jurisdiction	Action	Record Holder	Length of Suspension (if applicable)

10. Investigations

(a) Other than the investigation(s) which led to your present disbarment, suspension, or transfer to disability inactive status, have you ever been the subject of a disciplinary complaint not otherwise referenced in this questionnaire, including any complaint(s) made against you in law school?

Yes       No

If YES, provide the details below. If necessary, attach an additional listing and/or documentation.

Name/Address of Complainant:	
Tribunal, Court, or Investigative Body:	
Charge(s):	
Date of Charge(s):	
Case Number or Identifier:	
Disposition:	
Citation (if any):	
Custodian of Records:	

Name/Address of Complainant:	
Tribunal, Court, or Investigative Body:	
Charge(s):	
Date of Charge(s):	
Case Number or Identifier:	
Disposition:	
Citation (if any):	
Custodian of Records:	

Name/Address of Complainant:	
Tribunal, Court, or Investigative Body:	
Charge(s):	
Date of Charge(s):	
Case Number or Identifier:	
Disposition:	
Citation (if any):	
Custodian of Records:	

(b) Are you currently the subject of any disciplinary complaint filed with any disciplinary agency?

Yes     No

If YES, provide the details below. If necessary, attach an additional listing and/or documentation.

Jurisdiction	Nature of Allegations

(c) Are you currently the subject of any investigation by any law enforcement agency?

Yes     No

If YES, provide the details below. If necessary, attach an additional listing and/or documentation.

Agency	Nature of Investigation	Court

11. Criminal Investigations or Convictions

(a) Other than the crime(s) which led to your present disbarment, suspension, or transfer to disability inactive status, have you ever been under investigation, arrested, or prosecuted for any crime(s) as defined in Pa.R.D.E. 214(h)?

Yes     No

If YES, provide the details below. If you were convicted of a crime, **attach a copy of the judgment of conviction**. If necessary, attach an additional listing and/or documentation.

Name and Location of Tribunal, Court, or Investigative Body	Date, Case Number, and Citation or Other Reference	Nature of the Crime and Manner of Disposition	Location of the Record of the Proceeding

(b) If you answered YES to question 11(a), provide the following:

- (i) **Attach a certified copy of indictment (or information), docket entries, and judgment and probation/commitment order (or equivalent thereof) and opinion(s).**
- (ii) Provide the names and contact information of complaining witnesses. If necessary, attach an additional listing.

Name:	
Address:	
Email:	

Name:	
Address:	
Email:	

Name:	
Address:	
Email:	

(iii) Name, court, and address of trial judge.

Name:	
Court:	
Address:	

(iv) Name, organization, and address of prosecutor.

Name:	
Organization:	
Address:	

(v) Citation or other reference to your criminal case, if reported in any bound volume(s) of reports.

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## 12. Civil Actions and Administrative Proceedings

(a) Have you ever been involved in a civil action (including a bankruptcy proceeding) as a party or as one who claimed an interest?

Yes     No

If YES, provide the details below including: (1) date on which the action commenced, (2) case caption, (3) court, (4) docket number, (5) summary of the allegations made in each such action, (6) current status, and (7) final disposition, if any. If necessary, attach an additional listing and/or documentation.

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(b) Have you been the subject of any inquiry, investigation, or administrative proceeding involving your standing as a member of any profession or organization, or holder of any license or office (including licenses listed in response to Question 8)?

Yes     No

If YES, provide the details below including: (1) date of inquiry or proceeding, (2) underlying facts, (3) forum where the charges or claims are or were considered, including the name and address of the authority in possession of the record, (5) current status, and (6) disposition, if any. If necessary, attach an additional listing and/or documentation.

(c) Has any malpractice action ever been filed against you?

Yes     No

If YES, provide the details below including: (1) date of charge or claim, (2) name and address of claimant, (3) substance of the charge or claim, (4) forum where the charges or claims are or were considered, (5) current status, and (6) disposition, if any. If necessary, attach an additional listing and/or documentation.

(d) Has the Pennsylvania Lawyers Fund for Client Security (“Fund”) ever made any disbursement to your former clients?

- Yes     No

**In all instances, attach a copy of a letter from the Fund indicating that either (1) full restitution has been made to the Fund or (2) that no restitution is owed to the Fund.** The request for this information must be made in writing and must include the attorney’s full name, current mailing address, and the Pennsylvania Attorney ID number. Visit [www.palawfund.com](http://www.palawfund.com) for more information.

13. Maintaining Currency, Competency, and Learning in the Law

(a) **Provide a copy of your PA CLE Transcript reflecting that, within one year prior to the filing of this petition, you have earned at least 36 hours of PA CLE credits, 12 of which must be in the area of Ethics.** Petitioners should ensure compliance with the most recent “Current Schedule of Continuing Legal Education Courses Required for Reinstatement” as published in the *Pennsylvania Bulletin*.

(b) List all legal periodicals, official reporters, advance sheets, or other materials which you read or to which you have subscribed during the period of disbarment, suspension, or disability inactive status. If necessary, attach an additional listing and/or documentation.

(c) Have you conducted legal research during the period of disbarment, suspension, or disability inactive status?     Yes     No

If YES, provide the details below. If necessary, attach an additional listing and/or documentation.

Entity for Whom Research was Conducted	Topic or Purpose	Date Completed	Payment Received (if any)

(d) In addition to the courses listed on your PA CLE transcript, have you attended other continuing legal education courses, including law school courses, during the period of disbarment, suspension, or disability inactive status?

Yes     No

If YES, provide the details below. If necessary, attach an additional listing and/or documentation.

Course Title	Location of Course	Date of Course	Credits Received (if any)

(e) Have you purchased any law books or related online access to such materials during the period of disbarment, suspension, or disability inactive status?

Yes     No

If YES, provide the details below. If necessary, attach an additional listing and/or documentation.

Title	Publisher or Website	Date of Purchase or Access

(f) What bar examination(s) or other test(s) for admission to practice in this or any other jurisdiction have you taken during the period of disbarment, suspension, or disability inactive status? Provide details and results. **Attach copies of notification from the testing authority.**

14. Practice after Reinstatement

- (a) Have you familiarized yourself with the requirements of Rule of Professional Conduct 1.15 (safekeeping property)?  Yes  No

If NO, explain.

- (b) Describe your plans for practicing law if you are reinstated to active status. Do you intend to practice law? If so, in what location (city, county, and courts) and with whom (if any associates or partners)? What area(s) of specialization or concentration of practice do you intend to pursue? Will you handle R.P.C. 1.15 funds? If you do not intend to actively practice law, provide the nature of your intended employment, including the location and whether or not you will have associates or partners. If necessary, attach additional information and/or documentation.

- (c) If any, describe efforts taken to be covered by professional liability insurance if you are reinstated, including the results of such efforts.

15. State concisely any facts or matters you desire to have considered, other than those stated previously.

16. State concisely those facts upon which you rely to justify your reinstatement to the Bar of this Commonwealth, relating such facts to the requirements of Rule 218(c) of the Pennsylvania Rules of Disciplinary Enforcement.

17. Certification

I certify that the foregoing responses are true and correct to the best of my knowledge, information, and belief, and that I am aware of my obligation to supplement responses as set forth in the filing instructions for the Reinstatement Questionnaire. Further, I acknowledge that said responses will become a part of the record of my reinstatement proceeding and false statements made herein are subject to the criminal penalties of 18 Pa. C.S. §4904(b).

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Signature of Petitioner

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Date



### **Instructions for Completing the Confidential Document Form**

The following documents are confidential and shall be filed with a court or custodian with the “Confidential Document Form”:

1. Financial Source Documents as listed on the form
2. Minors’ educational records
3. Medical/Psychological records are defined as “records relating to the past, present, or future physical or mental health or condition of an individual”
4. Children and Youth Services’ records
5. Marital Property Inventory and Pre-Trial Statement as provided in Pa.R.Civ.P. 1920.33
6. Income and Expense Statement as provided in Pa.R.Civ.P. 1910.27(c)
7. Agreements between the parties as used in 23 Pa.C.S. § 3105

For each confidential document, list the paragraph, page, etc. where the document is referenced in the filing. Please note, this form does not need to be filed in types of cases that are sealed or exempted from public access pursuant to applicable authority (e.g. juvenile, adoption, etc.)

- **Please only attach documents necessary for the purposes of this case.**
- Complete the entire form and check all that apply.
- This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

A court or custodian is not required to review or redact any filed document for compliance with the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*. A party’s or attorney’s failure to comply shall not affect access to case records that are otherwise accessible.

If a filed document fails to comply with the above referenced policy, a court of record may, upon motion or its own initiative, with or without a hearing, order the filed document sealed; a magisterial district court may do so upon request or its own initiative. A court of record may impose sanctions for failure to comply.

**CONFIDENTIAL  
DOCUMENT FORM**



*Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*

204 Pa. Code § 213.81

[www.pacourts.us/public-records](http://www.pacourts.us/public-records)

\_\_\_\_\_  
(Party name as displayed in case caption)

\_\_\_\_\_  
Docket/Case No.

Vs.

\_\_\_\_\_  
(Party name as displayed in case caption)

\_\_\_\_\_  
Court

This form is associated with the pleading titled \_\_\_\_\_, dated \_\_\_\_\_, \_\_\_\_\_.

Pursuant to the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*, the Confidential Document Form shall accompany a filing where a confidential document is required by law, ordered by the court, or is otherwise necessary to effect the disposition of a matter. This form shall be accessible to the public, however the documents attached shall not be publicly accessible, except as ordered by a court. The documents attached will be available to the parties, counsel of record, the court, and the custodian.

**Please only attach documents necessary for the purposes of this case.** Complete the entire form and check all that apply. This form and any additional pages must be served on all unrepresented parties and counsel of record.

Type of Confidential Document	Paragraph, page, etc. where the confidential document is referenced in the filing:
Financial Source Documents Tax Returns and schedules	
W-2 forms and schedules including 1099 forms or similar documents	
Wage stubs, earning statements, or other similar documents	
Credit card statements	
Financial institution statements (e.g., investment/bank statements)	
Check registers	
Checks or equivalent	
Loan application documents	
Minors' educational records	
Medical/Psychological records	
Children and Youth Services' records	
Marital Property Inventory and Pre-Trial Statement as provided in Pa.R.Civ.P. 1920.33	
Income and Expense Statement as provided in Pa.R.Civ.P. 1910.27(c)	
Agreements between the parties as used in 23 Pa.C.S. § 3105	

I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

\_\_\_\_\_  
Signature of Attorney or Unrepresented Party

\_\_\_\_\_  
Date

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

Attorney Number: (if applicable) \_\_\_\_\_

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

Telephone: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

THE DISCIPLINARY BOARD OF THE SUPREME COURT OF PENNSYLVANIA  
601 Commonwealth Avenue, Suite 5600  
P.O. Box 62625  
Harrisburg, PA 17106-2625  
(717) 231-3380

**REINSTATEMENT QUESTIONNAIRE**

**PART II**

*Responses Must Be Complete and Typewritten*

1. Personal Information

- (a) Full Name: \_\_\_\_\_
- (b) Attorney ID: \_\_\_\_\_
- (c) Social Security Number: \_\_\_\_\_
- (d) Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (e) Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (f) Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (g) Primary Telephone Number: \_\_\_\_\_
- (h) Facsimile Number: \_\_\_\_\_
- (i) Email Address: \_\_\_\_\_
- (j) Preferred Method of Contact: \_\_\_\_\_
- (k) Date and Place of Birth: \_\_\_\_\_

2. List all residence addresses during the past 10 years.

Dates	Residence Address (include County)	Landlord Name, Address, Telephone, and Email Address

3. Identify your present dependents by name, age, residence, relationship to you, and proportion of their income they derive from you.

Name	Age	Residence Address	Relationship	Proportion of Income

4. Do you have a presence on any website(s) accessible to the general public, including, but not limited to social media?

Yes     No

If YES, provide the details below. If necessary, attach an additional listing and/or documentation.

Website	Username or User ID

5. Financial Information

(a) Since your admission to the Pennsylvania Bar, have you timely filed all of your state and federal tax returns to date (e.g. individual income tax, business tax, payroll tax)? **Attach copies of all state tax returns and federal tax transcripts filed during the period of suspension, disbarment, or disability inactive status. See Instruction 6(f).**

Yes     No

If NO, provide the details below. If necessary, attach an additional listing and/or documentation.

Tax Year	Taxing Authority	Date Due	Date Filed (if filed)

(b) Do you have any outstanding unpaid federal, state, or local individual income taxes and/or unpaid related business and/or payroll taxes?

Yes     No

If YES, provide the details below. If necessary, attach an additional listing and/or documentation.

Tax Year	Taxing Authority	Amount Owed	Current Status of Delinquency

(c) Are there any unsatisfied judgments or outstanding tax liens against you?

Yes  No

If YES, provide the details below. **You must attach a copy of each judgment and/or lien entered against you.** If you are currently on a payment plan, provide documentation regarding such arrangement. If necessary, attach an additional listing and/or documentation.

Name and Address of Creditor	Nature of Judgment or Lien	Date of Judgment or Lien	Amount Owed	Current Status of Delinquency	Reason for Non-Payment

(d) Do you have any debts which are currently 90 or more days past due?

Yes  No

If YES, provide the details below. If necessary, attach an additional listing and/or documentation.

Name and Address of Creditor	Nature of Debt	Date Debt Incurred	Amount Owed	Current Status of Delinquency	Reason for Non-Payment

(e) Are you subject to an order or agreement to pay child and/or spousal support?

Yes     No

**If YES, attach a copy of the support order or agreement and proof that such payments are current.**

6. Certification

I certify that the foregoing responses are true and correct to the best of my knowledge, information, and belief, and that I am aware of my obligation to supplement responses as set forth in the filing instructions for the Reinstatement Questionnaire. Further, I acknowledge that said responses will become a part of the record of my reinstatement proceeding and false statements made herein are subject to the criminal penalties of 18 Pa. C.S. §4904(b).

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Signature of Petitioner

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Date

**CERTIFICATE OF COMPLIANCE**

I certify that this filing complies with the provisions of the *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts* that require filing confidential information and documents differently than non-confidential information and documents.

Submitted by: \_\_\_\_\_

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

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

Attorney ID No. (if applicable): \_\_\_\_\_