

ATTORNEY REGISTRATION OFFICE

Pennsylvania Judicial Center

601 Commonwealth Avenue, Suite 5600

P.O. Box 62625

Harrisburg, PA 17106-2625

Phone: (717) 231-3380



**ATTACH CURRENT VALIDATED LICENSE CARD
AND RETURN COMPLETED FORM TO THE
ATTORNEY REGISTRATION OFFICE.**

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

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 form and shall pay the inactive annual fee and that noncompliance with this provision will result in being placed on administrative suspension and incurring late fees and penalties.

I realize that if I have been on inactive status for less than three years, I can be reinstated without submitting a petition for reinstatement; however, following three years, in order to be reinstated, I will need to petition. 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 Secretary of 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:** _____