

CERTIFICATE OF DISCIPLINARY HISTORY

State, Commonwealth, etc.

County, Borough, etc.

Re: _____
Attorney Name

I HEREBY CERTIFY that I am duly appointed custodian of records of the entity that licenses or regulates attorneys in the above-referenced jurisdiction.

I FURTHER CERTIFY that the records of my office indicate that the above-referenced attorney is admitted to practice law in this jurisdiction.

I FURTHER CERTIFY that the records of my office indicate that the above-referenced attorney is in good standing and is not subject to an outstanding order of reprimand, censure or disbarment (permanent or temporary) for professional misconduct.

Dated this _____ day of _____, _____.

Signature

(Seal)

Print Name

Title