

Petition for Removal of Inactive Status

I, _____, hereby petition The Florida Bar for removal of inactive status.
(Print or type name here)

Attached is my check in the amount of \$_____ for the remainder of this fiscal year.

I hereby certify:

1. I have been an inactive member of the Bar since: _____
(date)

2. During the period of my inactive status, the following allegations or charges were made against me (include case names and numbers, names of courts or agencies and status of all matters in any jurisdiction):

Criminal charges: _____

Disciplinary proceedings (by any group or profession):

Other: _____

No allegations or charges have been made against me during my inactive status: _____ (initial here)

3. During the period of my inactive status, **I have/have not** (indicate proper response) practiced Florida Law or rendered advice on matters of Florida law.

4. I understand that if:

(a) I have been inactive for more than 5 years, I must provide proof of any applicable continuing legal education (i.e., posting of CLE credit, certificate of attendance, or transcript from another jurisdiction of CLE courses with course numbers) as required by Rule 1-3.7(g) of the Rules Regulating The Florida Bar before being reinstated.

Proof of CLE compliance is:

_____ attached to this petition and is to be forwarded to the CLER Dept.

_____ not applicable to me because I have been inactive for 5 years or less

(b) inactive membership status is removed, I shall not practice Florida Law or render advice on matters of Florida law by reason of

_____ Other _____

_____ Not applicable, I will return to providing legal services or advice

5. I understand that removing my inactive status also removes any exemption from CLER and I am now required to comply with continuing legal education requirements pursuant to Rules 6-10 and 6-12, Rules Regulating The Florida Bar.

_____ (initial here)

Please complete front and back of petition

6. Pursuant to Rule 1-3.8(e), I hereby designate

_____,
(print record Bar name of designated inventory attorney)

_____,
(print Florida Bar number)

who has indicated a current willingness to serve as my inventory attorney should the need for protection of my clients' legal rights arise.

7. My current business address, business e-mail address, and telephone number for Bar record purposes (required by Rule 1-3.3)

(Current mailing address)

Physical street address, if different from current mailing address (required by Rule 1-3.3)

(_____) _____
Business telephone number

Business e-mail address

8. Under penalty of perjury, I declare the foregoing facts are true, correct and complete.

(Attorney Number)

(Signature of Petitioner)

(Date)

Reply to:

Member Services & Records Dept., 651 E. Jefferson Street, Tallahassee, FL 32399-2300; Phone: (850) 561-5832,
Fax: (850) 561-9412, E-mail: memberaddress@flabar.org

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