WASHINGTON STATE BAR ASSOCIATION

APPLICATION FOR REINSTATEMENT OF LICENSE TO INACTIVE STATUS

Regulatory Services Department

The WSBA administers the licensing and renewal process for Washington licensed legal professionals on behalf of and under rules adopted by the Washington Supreme Court and under the WSBA Bylaws. Name: _____ License No. _____ I hereby make application for a change of status from Suspended to Inactive for my license to practice law in Washington. In support of this application, I submit the following information. ☐ Check here for a free subscription to *NWlawyer*. If your contact information has changed, please provide us with your current information below. Contact information may also be updated online by visiting myWSBA at the following address: http://www.mywsba.org. Public/Mailing Address:______ Business Phone:(_____) Primary Email: ☐ Do not list email address in online legal directory Website Address:______TDD:(____) Home Address:*

Home Phone:(___) ______ Home Email:_____ *Your home address will be made public if it is the only address on file with the WSBA. **PAYMENT** ☐ **CHECK ENCLOSED** Send form and check, made payable to WSBA. ☐ CREDIT CARD Call the WSBA Service Center at 206-443-9722 or 800-945-9722. Our service provider will charge you a separate, non-refundable transaction fee of 2.5% on all bank card transactions.

| For Office Use Only | | | | | |
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| Date: | _ Check No | _ Amount: \$ | | | |

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Regulatory Services Department

| Wa | ashington License Information: | | | | | |
|-----|---|--|--|--|--|--|
| 1. | Date admitted to the practice of law in Washington: | | | | | |
| 2. | Date license was suspended: | | | | | |
| 3. | | | | | | |
| 4. | Did you file an affidavit of compliance as required under ELC ELLTC ELPOC Title 14? ☐ Yes ☐ No (If no, please provide a full explanation on an attached sheet and include the affidavit.) | | | | | |
| 5. | Reason for requesting reinstatement to Inactive status: | | | | | |
| 6. | Is your public address on file with the WSBA a physical street address and in the state of Washington? ☐ Yes ☐ No (If no, you must complete and return the Resident Agent form.) | | | | | |
| A | dmission To Practice Law in Other Jurisdictions: | | | | | |
| 7.L | ist all jurisdictions and courts where you have been admitted to practice law: | | | | | |
| | <u>Jurisdiction</u> <u>Courts</u> <u>Date of Admission</u> | | | | | |
| Q | Have you ever applied for or taken a bar examination in another jurisdiction and <u>not</u> been admitted | | | | | |
| o. | in that jurisdiction? ☐ Yes ☐ No (If yes, please provide a full explanation on an attached sheet.) | | | | | |
| 9. | Have you ever been disbarred, suspended, reprimanded, censured, or otherwise disciplined by any jurisdiction or court other than Washington? \square Yes \square No (If yes, please provide details and a full explanation on an attached sheet.) | | | | | |
| 10. | Is there any disciplinary investigation of any kind now pending concerning you in any jurisdiction? | | | | | |
| 11. | Do you intend to engage in the practice of law in another jurisdiction while on Inactive status in Washington? ☐ Yes ☐ No (If yes, please state the jurisdiction and the date admitted to practice law in that jurisdiction.) | | | | | |



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| _ | gal Experience and Er | | | | | |
|--------------|--|---|---|--|----|--|
| 12. | | lave you had any direct or continuing active legal experience since you were suspended? | | | | |
| | ☐ Yes ☐ No (If yes | , please describe:) | | | | |
| | | | | | | |
| | | | | | | |
| 13. | Present occupation: | | | | | |
| | | | | | | |
| | | | | | | |
| | Telephone: | | Supervis | sor: | | |
| | Dates Employed: | | | | | |
| | If terminated, the re | ason: | | | | |
| 14. | proprietorships (att | ach additional sheets | if necessary): | e was suspended, including sole | | |
| | | | | | | |
| | | | | | | |
| | Address: | | | | | |
| | | | | | | |
| | | | | | | |
| | If terminated, the re | eason: | | | | |
| | Occupation: | | Dates: | | | |
| | Employer: | | | | , | |
| | Address: | | | | | |
| | Telephone: | | Supervisor: | | | |
| | Nature of employ | ment: | | | | |
| | If terminated, the re | eason: | | | | |
| – Per | rsonal Information: | | | | | |
| 15. | • | | - · | ted for a violation of any law, is provide full details on an attached | _ | |
| 16. | • | - | | esentation or forgery in any civil, please provide full details on an att | | |
| l fo m | oregoing application nember I will not eng | and the statements the | herein are full, true f law in Washingto | of Washington that I have read the, and correct, and while an Inacting nor be employed in any capacity | ve | |
| | DATED this | _day of | , 20 | City, State | | |
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| 3 | יוקוימנעו כ | | | | | |

