

Compliance Declaration - BR 7.1 Reinstatement

Not effective until approved by the Oregon State Bar

In re: Application of

(Name of Attorney)

(bar number)

For reinstatement as an Active Inactive Retired Active Pro Bono (check one) member of the OSB.

1. Full Name: _____

Date of Birth: _____

2. Residence Address: _____

Telephone: _____

3. I hereby attest that during the period of my suspension from the practice of law in Oregon from _____ to _____ (insert dates)

I did not at any time engage in the practice of law except where authorized to do so.

OR

I engaged in the practice of law under the circumstances described on the attached (attach an explanation of activities relating to the practice of law during suspension).

4. I also hereby attest that I responded to the requests for information or records by Disciplinary Counsel and have complied with any subpoenas issued by Disciplinary Counsel, or provided good cause for not complying to the request.

I HEREBY DECLARE THAT THE ABOVE STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I UNDERSTAND IT IS MADE FOR USE AS EVIDENCE IN COURT AND IS SUBJECT TO PENALTY FOR PERJURY.

Signature _____ Date _____

PLEASE RETURN TO:

Oregon State Bar
Regulatory Services
P.O. Box 231935
Tigard, OR 97281-1935

○ = attachment may be necessary