Before the Oregon State Bar

In The Matter Of The Informal Application Of	)	
	)	
	)	
_____	)	BR 8.2 Reinstatement
For Reinstatement As An	)	
❑ Active ❑ Inactive	)	
Member Of The Oregon State Bar	)	
	)	

Application

1 Full Name Bar #:

2 Current addresses and telephone numbers:
Email Address:

Residence Address Phone:

Business Address Phone:

3 Date and Place of Birth:

4 Applicant is presently: (check the box that describes your present status and provide the requested information)

❑ resigned under Form A of the Rules of Procedure of the Oregon State Bar.
Date of Resignation: _____

Has it been five years or less from the date of resignation to the date this application is filed? ❑ Yes ❑ No

❑ voluntarily inactive.

Date of voluntary transfer to inactive status: _____

Has it been five years or less from the date you voluntarily transferred to inactive status to the date this application is filed? ❑ Yes ❑ No

❑ suspended for failure to pay the Professional Liability Fund assessment, Client Security Fund assessment or membership fees or penalties, or for failure to file an IOLTA certificate.

Date of Suspension: _____

Has it been more than six months from the date of suspension to the date this application is filed? ❑ Yes ❑ No

Has it been five years or less from the date of suspension to the date this application is filed? ❑ Yes ❑ No

5 Describe the reason(s) or circumstance(s) that led to your resignation, inactive transfer or suspension. Attach additional sheet if necessary

❍ 6 During the period of your resignation, suspension or inactive status, were you convicted of or did you plead guilty to any crime in any jurisdiction, state or federal? ❑ Yes ❑ No

If yes, explain on an attached sheet, giving dates, location and details of incident.

❍ 7 Have you ever applied for admission to practice law in any other jurisdiction? ❑ Yes ❑ No

If so, provide on an attached sheet the name of the jurisdiction, the date of the application, the disposition thereon and the present status of your membership. If you currently are not in good standing in a jurisdiction where you were once admitted, specify the reasons for and date of your change in membership status in each instance.

7a Provide a certificate of good standing from the bar association or highest court in each jurisdiction other than Oregon where you are admitted to practice law.

❍ 8 During the period of your resignation, suspension or inactive status, were you disciplined for professional misconduct by any court in a jurisdiction outside of Oregon? ❑ Yes ❑ No

If yes, explain on an attached sheet, giving dates, location and details of misconduct and attach a copy of the court's order.

9 If this application is for reinstatement as an inactive member, complete the following:

a Are you suspended for any reason other than failure to pay the Professional Liability Fund assessment, Client Security Fund assessment, or membership fees or penalties, or failure to file on IOLTA certificate? ❑ Yes ❑ No

b Were you enrolled as an inactive member at the time of your suspension? ❑ Yes ❑ No

❍ 10 List former addresses at which you have resided from the date you ceased to be an active member of the Oregon State Bar. Attach additional sheet if necessary. (Indicate dates resided.)

● = attachment necessary ❍ = attachment may be necessary

❍ 11 Do you presently have any unsatisfied judgments, decrees or tax liens against you? ❑ Yes ❑ No

If yes, explain on an attached sheet.

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12 During the period of your resignation, suspension or inactive status in Oregon, did you engage in the practice of law in Oregon, or in any jurisdiction where you were not authorized by law to do so? ❑ Yes ❑ No

If yes, explain on an attached sheet.

● 13 Attach a list of your occupations or employment since you were last an active member of the Oregon State Bar.

● 14 Your social security number for background check. _____

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15 Do you intend to engage in the practice of law or be employed in a law-related position upon reinstatement? ❑ Yes ❑ No

If yes, explain where and in what capacity.

State of_____)
) ss
County of _____)

I, the undersigned, being first duly sworn, state that, to my knowledge, all information provided and answers given in this application are true and complete.

Applicant _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

_____

Notary Public for _____

My Commission Expires: _____

● = attachment necessary ❍ = attachment may be necessary