

## Compliance Declaration - BR 8.3 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.

4. I also hereby attest that I complied as directed with the following terms of probation: (check applicable items)

a.  abstinence from consumption of alcohol and mind-altering chemicals/drugs, except as prescribed by a physician

f.  passed Multi-State Professional Responsibility exam

b.  attendance at Alcoholics Anonymous meetings

g.  attended law office management counseling and/or programs

c.  cooperation with Chemical Dependency Program

h.  other (please identify): \_\_\_\_\_

d.  cooperation with State Lawyers Assistance Committee

\_\_\_\_\_

e.  psychiatric/psychological counseling

i.  none required

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