

Before the Oregon State Bar

In The Matter Of The Application Of _____)
)
)
) **BR 8.2 Reinstatement**
For Reinstatement As An _____)
 Active Inactive Retired Active Pro Bono)
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:

Resigned under Form A of the Rules of Procedure of the Oregon State Bar prior to 12/1/2019.

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, retired or active pro bono.

Date of voluntary transfer to my current status: _____

Has it been five years or less from the date you voluntarily transferred
to your current 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, or for
failure comply with the requirements of the MCLE rules, or for failure to respond under BR 7.1.

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

● = attachment necessary

○ = attachment may be necessary

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

- 6. During the period of your resignation, suspension or current 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 current 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, retired or active pro bono 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 an IOLTA certificate Yes No
- b. Were you enrolled as an inactive, retired or active pro bono member at the time of your suspension? Yes No

- 10. Attach a list of former addresses at which you have resided from the date you ceased to be an active member of the Oregon State Bar.

- 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 current 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. 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.

- 14. Attach a list of your occupations or employment since you were last an active member of the Oregon State Bar.
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- 15. Attach your social security number for a background check.
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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

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