

AFFIDAVIT OF INACTIVE/RETIRED STATUS

**FOR THIS AFFIDAVIT TO BE APPROVED FOR FY 2009/2010
THE ORIGINAL MUST BE RECEIVED NO LATER THAN August 31, 2009**

To the Trustees of the Client Protection Fund of the Bar of Maryland:

1. I have read your Regulation i.4 and i.5 (reproduced on the reverse side hereof), and I affirm my compliance therewith and my entitlement to your "inactive/retired" status for the following reasons (every box **must be checked**):

- I am not listed as a member of the Maryland Bar as practicing, or "of counsel", "partner emeritus" or the like on any letterhead.
- I am not listed as a lawyer in any Maryland telephone directory. A request for removal in their upcoming edition is acceptable and the box may be checked.
- I am not listed as a lawyer in the "Blue Pages" of the MSBA Maryland Lawyers Manual and/or the "Maryland Section" of Martindale-Hubbell or any similar regional or national directory of lawyers or other media including print or electronic publications. The respective agencies must be contacted if you are unsure of your current listing. A request for removal from their upcoming edition is acceptable and the box may be checked.
- I do not have a Maryland office for law practice.
- I do not use a Maryland office address (either as a principal or alternate location) in connection with any law practice.
- I do not rely on my Maryland bar membership for any out-of-state law practice.
- I do not rely on my Maryland bar membership as a condition of my employment.

2. I understand that I need not pay the current fiscal year's assessment if the original affidavit is received and approved by your office no later than August 31, 2009.

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As an inactive member you are entitled to become a voluntary contributor. As such you would be billed only for the current fiscal year's Client Protection Fund assessment of \$20 and **not** the Attorney Grievance Commission assessment.

I desire to become a voluntary contributor and enclose the \$20 contribution.

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My current address, telephone number and my social security number are shown below:

NAME _____ SOCIAL SECURITY NO. _____

STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

WORK PHONE _____ HOME PHONE _____

_SIGNATURE _____ DATE _____

NOTARY:

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20__.

MY COMMISSION EXPIRES: _____

NOTARY PUBLIC: _____

Approved: _____

Effective: _____

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Mail Original Form to:

**REGULATION i.4 and i.5 OF THE
CLIENT PROTECTION FUND OF THE BAR OF MARYLAND**

i. Assessments.

4. The Fund shall maintain a status of "Inactive/Retired" lawyers, who shall not be charged assessments or late charges for any fiscal year after they are approved for such category; after transfer to such category, any such lawyer may be reinstated to active practice upon written notice to the Fund of his intent to resume active practice and upon payment to the Fund of all assessments due for the then current fiscal year.

5. A lawyer seeking to change from active practice to "Retired/Inactive" status with the Fund shall furnish to the Fund written evidence in form satisfactory to the Fund of his cessation of all active practice, directory listings, etc. Unless such written evidence is received by the Fund by August 31 of such fiscal year, such lawyer shall pay full assessments for the fiscal year in which such change occurs and shall pay in addition any and all sums due the Fund for prior assessments, late charges, etc.

All Regulations of the Fund can be viewed at our website: www.courts.state.md.us/cpf or www.mdcourts.gov

****Once approved you will receive written confirmation****

**Client Protection Fund of the Bar of Maryland
2011 Commerce Park Dr.
Annapolis, MD 21401
410-260-3635**