AFFIDAVIT OF INACTIVE/RETIRED STATUS - Fiscal Year 2022

FOR THIS AFFIDAVIT TO BE APPROVED FOR FY 2022 THE ORIGINAL MUST BE RECEIVED NO LATER THAN August 31, 2021*

i. I have read Regulation i.s treproduced on the	e reverse side hereoff, and i anifin my compliance therewith and my entitlement to your
inactive/retired" status for the following reasons (e-	very box must be checked):
] I have not relied on my Maryland Bar licens	se for employment purposes since the start of the fiscal year (July 1, 2021)
] I am not listed as a member of the Marylar	nd Bar as practicing, or "of counsel", "partner emeritus" or the like on any letterhead.
] I am not listed as a lawyer in any Maryland t	elephone 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 Pag	ges" of the MSBA Maryland Lawyers Manual and/or the "Maryland Section" of Martindale-
Hubbell or any similar regional or national o	directory of lawyers or other media including print or electronic publications. The respective
agencies must be contacted if you are unsur	re 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.	ctice.
	her as a principal or alternate location) in connection with any law practice.
do not rely on my Maryland bar members	
2. I understand that should this status change be a	approved, the effective date will be July 1, 2021
3. I understand that I need not pay the FY22 assess	sment if the original affidavit is received and approved by CPF no later than August 31, 2021.
*March 31, 2021 for December 2021 admittees)	
4. OPTIONAL⊹As an inactive member you may ele	ect to become a voluntary contributor. As such you would be billed only for the amount you
designate below:	
I do not wish to be a voluntary contributor	
· ·	butor and enclose the \$20 contribution (CPF portion only)
1	or and enclose the \$130 contribution (CPF and AGC portions)
1 I desire to become a voidinary turi contribute	of and enclose the \$150 contribution (CFF and AGC politons)
My current address, telephone number and my soci	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP CODE	LIONE DIONE
WORK PHONE	HOME PHONE DATE
SIGNATURE	DAIE
et en	
· · · · · · · · · · · · · · · · · · ·	
State of	County (or City) of
On this day of	, 20, before me, the undersigned officer, personally appeared
	me (or satisfactorily proven) to be the person(s) whose name is subscribed to within the
instrument and acknowledged that he/she executed	
•	
In witness hereof I hereunto set my hand and offici	
	Signature of Notary Public
[Notary Seal]	My Commission expires
•	
Mail <u>Original</u> Form to: C	PF, 200 Harry S. Truman Pkwy, STE 350, Annapolis, MD 21401
•	
CPF APPROVAL	EFFECTIVE DATE

REGULATION i.5 OF THE CLIENT PROTECTION FUND OF THE BAR OF MARYLAND

i. Assessments.

5. The Fund shall maintain a status of "Inactive/Retired". An affidavit of inactive/retired status must be completed, notarized and received in compliance with date restrictions as indicated on the affidavit form. Those lawyers approved for this status shall not be charged assessments or late fees for any fiscal year once they are approved.

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

You will receive written confirmation upon approval of the status change.

Client Protection Fund of the Bar of Maryland Melissa M. Higdon, Executive Director 200 Harry S. Truman Pkwy., Suite 350 Annapolis, MD 21401 410-630-8140