

AFFIDAVIT OF INACTIVE/RETIRED STATUS – Fiscal Year 2027

FOR THIS AFFIDAVIT TO BE APPROVED FOR FY 2027 THE ORIGINAL NOTARIZED DOCUMENT MUST BE RECEIVED NO LATER
THAN August 31, 2026*

1. I have read Regulation 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 have not relied on my Maryland Bar license for employment purposes since the start of the fiscal year (July 1, 2026)
- 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.

2. I understand that should this status change be approved, the effective date will be July 1, 2026.

3. I understand that I need not pay the FY27 assessment if the original affidavit is received and approved by CPF no later than August 31, 2026. (*March 31, 2027 for December 2026 admittees)

4. I understand and acknowledge that inactive/retired status does not resolve any pending disciplinary complaints or disciplinary complaints that may be filed in the future.

5. OPTIONAL: As an inactive member you may elect 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
- I desire to become a voluntary partial contributor, and a check payable to CPF is enclosed for the \$20 contribution (CPF portion only)
- I desire to become a voluntary full contributor, and a check payable to CPF is enclosed for the \$130 contribution (CPF and AGC portions)

My current contact information and AIS attorney number or SSN are shown below:

NAME _____ AIS Attorney No. or SSN: _____

STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

WORK PHONE _____ HOME PHONE _____

SIGNATURE _____ DATE _____

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State of _____

County (or City) of _____

On this ____ day of _____, 20____, before me, the undersigned Notary Public, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness hereof I hereunto set my hand and official seal.

[Notary Seal]

Signature of Notary Public

Printed Name of Notary Public

My Commission expires _____

MAIL ORIGINAL, NOTARIZED FORM TO: CPF, 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 may be viewed at our website: www.courts.state.md.us/cpf

Confirmation of the status change will be mailed on or about the effective date to the address designated on this form.

Once approved, this Affidavit of Inactive/Retired Status will remain in effect in perpetuity. Should you wish to return to active status, please contact the Client Protection Fund at the number below.

**Client Protection Fund of the Bar of Maryland
200 Harry S Truman Pkwy., Suite 350
Annapolis, MD 21401
410-630-8140**