

The WSBA administers the licensing and renewal process for Washington licensed legal professionals on behalf of and under rules adopted by the Washington Supreme Court and under the WSBA Bylaws.

Name: \_\_\_\_\_ License No. \_\_\_\_\_

I hereby make application for a change of status from Suspended to Inactive for my license to practice law in Washington. In support of this application, I submit the following information.

Check here for a free subscription to *NWlawyer*.

**If your contact information has changed, please provide us with your current information below. Contact information may also be updated online by visiting myWSBA at the following address:**

<http://www.mywsba.org>.

Public/Mailing Address: \_\_\_\_\_ Business Phone:(\_\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Fax:(\_\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Primary Email: \_\_\_\_\_  
\_\_\_\_\_

Do not list email address in online legal directory

Website Address: \_\_\_\_\_ TDD:(\_\_\_\_\_) \_\_\_\_\_

Home Address:\* \_\_\_\_\_ Home Phone:(\_\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Home Email: \_\_\_\_\_  
\_\_\_\_\_

**\*Your home address will be made public if it is the only address on file with the WSBA.**

Method of Payment:

Check (Payable to Washington State Bar Association)

Credit Card **Please Note:** Our service provider will charge you a separate, non-refundable transaction fee of 2.5% on all bank card transactions. There is no transaction fee if you mail in a check.

Master Card \_\_\_\_\_ Visa \_\_\_\_\_ Amex \_\_\_\_\_  
Credit card no. \_\_\_\_\_ Expiration date \_\_\_\_\_  
Authorized Signature \_\_\_\_\_  
Name as it appears on card \_\_\_\_\_  
Address (if different from member mailing address) \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_ Phone no. \_\_\_\_\_

*For Office Use Only*

Date: \_\_\_\_\_ Check No. \_\_\_\_\_ Amount: \$ \_\_\_\_\_



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**Washington License Information:**

1. Date admitted to the practice of law in Washington: \_\_\_\_\_
2. Date license was suspended: \_\_\_\_\_
3. Reason for suspension: \_\_\_\_\_
4. Did you file an affidavit of compliance as required under ELC|ELLTC|ELPOC Title 14?  
 Yes  No  
( If no, please provide a full explanation on an attached sheet and include the affidavit.)
5. Reason for requesting reinstatement to Inactive status: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Is your public address on file with the WSBA a physical street address and in the state of Washington?  
 Yes  No (If no, you must complete and return the Resident Agent form.)

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**Admission To Practice Law in Other Jurisdictions:**

7. List all jurisdictions and courts where you have been admitted to practice law:

<u>Jurisdiction</u>	<u>Courts</u>	<u>Date of Admission</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Have you ever applied for or taken a bar examination in another jurisdiction and not been admitted in that jurisdiction?  Yes  No  
(If yes, please provide a full explanation on an attached sheet.)
9. Have you ever been disbarred, suspended, reprimanded, censured, or otherwise disciplined by any jurisdiction or court other than Washington?  Yes  No  
(If yes, please provide details and a full explanation on an attached sheet.)
10. Is there any disciplinary investigation of any kind now pending concerning you in any jurisdiction?  Yes  No  
(If yes, please provide details and a full explanation on an attached sheet.)
11. Do you intend to engage in the practice of law in another jurisdiction while on Inactive status in Washington?  Yes  No  
(If yes, please state the jurisdiction and the date admitted to practice law in that jurisdiction.)



**Legal Experience and Employment History:**

12. Have you had any direct or continuing active legal experience since you were suspended?

Yes  No (If yes, please describe:) \_\_\_\_\_

\_\_\_\_\_

13. Present occupation: \_\_\_\_\_

Present employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

If terminated, the reason: \_\_\_\_\_

14. List all other employment you have had since your license was suspended, including sole proprietorships (attach additional sheets if necessary):

Occupation: \_\_\_\_\_ Dates: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Nature of employment: \_\_\_\_\_

If terminated, the reason: \_\_\_\_\_

Occupation: \_\_\_\_\_ Dates: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Nature of employment: \_\_\_\_\_

If terminated, the reason: \_\_\_\_\_

**Personal Information:**

15. Have you ever been cited, arrested, charged, or convicted for a violation of any law, including traffic violations or infractions?  Yes  No (If yes, please provide full details on an attached sheet.)

16. Have you ever been charged with fraud, deceit, misrepresentation or forgery in any civil, criminal, administrative or other proceedings?  Yes  No (If yes, please provide full details on an attached sheet.)

**Certification:**

I certify under penalty of perjury under the laws of the state of Washington that I have read the foregoing application and the statements therein are full, true, and correct, and while an Inactive member I will not engage in the practice of law in Washington nor be employed in any capacity requiring an active license to practice law in Washington.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ City, State \_\_\_\_\_.

Signature: \_\_\_\_\_

