

AFFIDAVIT OF INACTIVE/RETIRED STATUS

FOR THIS AFFIDAVIT TO BE APPROVED FOR FY 2018

THE ORIGINAL MUST BE RECEIVED NO LATER THAN August 31, 2017

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

1. I have read your 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 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, 2017.

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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 AGC 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: _____

Mail Original Form to:

CPF, 200 Harry S. Truman Pkwy, STE 350, Annapolis, MD 21401

APPROVED FOR INACTIVE STATUS _____ 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 or www.mdcourts.gov

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

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