

AFFIDAVIT OF INACTIVE/RETIRED STATUS – Fiscal Year 2024

FOR THIS AFFIDAVIT TO BE APPROVED FOR FY 2024 THE ORIGINAL NOTARIZED DOCUMENT MUST BE RECEIVED NO LATER THAN August 31, 2023*

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, 2023)
[] 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.
[] 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, 2023

3. I understand that I need not pay the FY24 assessment if the original affidavit is received and approved by CPF no later than August 31, 2023. (*March 31, 2024 for December 2023 admittees)

4. 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 enclose the \$20 contribution (CPF portion only)
[] I desire to become a voluntary full contributor and enclose the \$130 contribution (CPF and AGC portions)

My current contact information and attorney number are shown below:

NAME _____ AIS Attorney No. or SSN: _____
STREET ADDRESS _____
CITY, STATE, ZIP CODE _____
WORK PHONE _____ HOME PHONE _____
SIGNATURE _____ DATE _____

State of _____ County (or City) of _____

On this ____ day of _____, 20____, before me, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person(s) whose name is subscribed to within the 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
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 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**