

North Dakota Commission for Continuing Legal Education

Request for Inactive Status

Name: _____

Address: _____

I hereby certify that I will no longer be actively practicing law in North Dakota and request that I be placed on inactive status. I have reviewed Rule 4 (b) of the North Dakota Rules for Continuing Legal Education and understand: 1) that I will no longer be licensed to practice law in North Dakota; and 2) the ethical obligations associated with my inactive status. I also certify that I am not subject to any disciplinary proceedings or investigations in any jurisdiction.

Dated this _____ day of _____, 20 __.

Signed by: _____

Subscribed to and sworn before me this _____ day of _____, 20 __.

Notary Public _____

My commission expires: _____