

THE SUPREME COURT *of* OHIO

OFFICE OF ATTORNEY SERVICES

Application for Retirement or Resignation

IN THE MATTER OF THE RETIREMENT OR RESIGNATION OF

Full Name

AS AN ATTORNEY AT LAW

AFFIDAVIT AND WAIVER

Gov. Bar R. VI, Section 11

I, _____, Attorney Registration No. _____, a duly admitted attorney at law in the State of Ohio, wish to retire or resign from the practice of law in Ohio. I fully understand that this retirement or resignation completely divests me of the privilege of engaging in the practice of law, and of each, any, and all of the rights, privileges, and prerogatives appurtenant to the office of attorney and counselor at law. I fully understand that a resignation will be denoted as a resignation with discipline pending. I fully understand that my retirement or resignation is unconditional, final, and irrevocable.

I further allow Disciplinary Counsel to review all proceedings and documents relating to review and investigation of grievances made against me under the Rules for the Government of the Bar of Ohio and the Rules for the Government of the Judiciary of Ohio, and to disclose to the Supreme Court in the report filed in accordance with Gov. Bar R. VI, Section 11 any information it deems appropriate, including, but not limited to, information that otherwise would be private pursuant to Gov. Bar R. V.

I further state that (check one):

I **am not** admitted to the practice of law in another jurisdiction.

In addition to Ohio, I **am** admitted to the practice of law in the following jurisdiction(s) [**List all jurisdictions**]:

Jurisdiction and Attorney Registration Number

Jurisdiction and Attorney Registration Number

Jurisdiction and Attorney Registration Number

Jurisdiction and Attorney Registration Number

I hereby attest that I have disbursed or will disburse all client funds in my IOLTA in accordance with Prof. Cond. R. 1.15. Any remaining client funds whose owner(s) cannot be determined or the client(s) cannot be located will be disbursed in accordance with Bd. of Prof. Cond. Adv. Opn. 2008-3.

I hereby attest that I have no client files in my possession.

I hereby attest that I have client files in my possession and that I will return them to my former clients within 60 days. In the event files cannot be returned, I will make arrangements for their appropriate and ethical disposition.

I hereby understand that the records of the Office of Attorney Services will be updated to reflect my current contact information as listed below.

Current Mailing Address

City/State/Zip Code

Current Telephone Number

Current Email Address

Date of Birth

Further affiant sayeth naught.

Signature of Attorney

Sworn to or affirmed before me and subscribed in my presence this ____ day of _____, 20____, in the State of _____, and County of _____.

Signature of Notary Public*

Name of Notary Public

***Notary public's stamp/seal and commission expiration date are required.**