## THE SUPREME COURT of OHIO OFFICE OF ATTORNEY SERVICES

## Application for Retirement or Resignation

IN THE MATTER OF THE RETIREMENT OR RESIGNATION OF

23-0797

## PERRY LEGUE ANCONA

**AFFIDAVIT AND WAIVER** Gov.Bar R. VI, Section 11

Full Name

AS AN ATTORNEY AT LAW

I further state that (check one):

I, Perry Les lie Arcona, Attorney Registration No. Ocalia7, 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.

1 14141	ior state that (entering the).		
X	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 and registration number]:		
		Jurisdiction and Registration No.	
Jurisdiction and Registration No.		Jurisdiction and Registration No.	
Jurisdi	ction and Registration No.	Jurisdiction and Registration No.	

RECEIVED

MAY 1 6 2023

Office of Attorney Services

FILED

JUN 2 0 2023

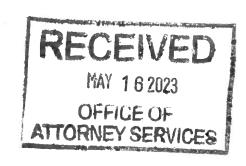
CLERK OF COURT SUPREME COURT OF OHIO

## ATTESTATION:

1.	Client	Funds:	
	X	accordance with Prof.Cond. R. 1.15. At	vill disburse all client funds in my IOLTA in my remaining client funds whose owner(s) cannot located will be disbursed in accordance with Bd.
2.	Client	Files (check one):	
	X	I hereby attest that I have no client files	in my possession.
	OR		•
		I hereby attest that I have client files in a former clients within 60 days. In the evarrangements for their appropriate and e	my possession and that I will return them to my ent files cannot be returned, I will make thical disposition.
3.	. Contact Information:		
	X	I hereby understand that the records of t reflect my current contact information a	he Office of Attorney Services will be updated to s listed below.
		AD Morrm Avewer Mailing Address	Madeira, Ohio 45243 City/State/Zip Code
		3-910-5111 t Telephone Number	perryan cona@gnail, con Current Email Address
	Furthe	er affiant sayeth naught.	Permy Liste Chestry Signature of Attorney
	Sworn to or affirmed before me and subscribed in my presence this <u>&amp;</u> day of, 2023, in the State of Ohio, and County of Hamillah		
	RY P	Harrichon	
		JOSH ANDREW BROOKSBANK Notary Public, State of Ohio	Signature of Notary Public*
0		My Commission Expires January 12, 2025 COMMISSION: 2020-RE-809784	7>8h Brooksbahk Printed Name of Notary Public

<sup>\*</sup>Notary public's stamp/seal and commission expiration date required.

810 Sycamore Street, 3rd Floor Cincinnati, Ohio 45202 Phone 513.721.1997 Facsimile 513.263.9047 Email plancona@fuse.net



Office of Attorney Services
Supreme Court of Ohio
Attention: Director Gina White Palmer, Esq.,
65 South Front Street, 5<sup>th</sup> Floor
Columbus, Ohio 43215-3431

May 8, 2023

Re: Application for Retirement or Resignation for Attorney Perry Leslie A,cona Attorney Registration # 0021137

Dear Director Palmer,

Enclosed please find my Application for Retirement or Resignation that has been fully completed and properly notarized.

Very Truly Yours,

Perry Leslie Ancona

PLEASE NOTE MY NEW EMAIL ADDRESS perryancona@gmail.com

**Enclosure**