REQUEST FOR OFFICE OF BAR COUNSEL CERTIFICATION
FOR RESTORATION OR REINSTATEMENT PURPOSES

See SCR 3.500 Restoration to Membership or
SCR 3.510 Reinstatement in case of disciplinary suspension

1. Supreme Court Name and address of applicant (please type or print):

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Phone: ___________________ Email: ___________________

KBA ID Number: ___________________

2. Check reason(s) that applies to your request:
   o Suspension for CLE non-compliance (under SCR 3.500)
   o Suspension for non-payment of dues (under SCR3.500)
   o Disciplinary Suspension (under SCR Rule 3.510)
   o Withdrawal (under SCR Rule 3.480)
   o Disbarment (if prior to October 1, 1998)

3. Preferred method of delivery for this certification:
   o Mailing Address:

   o Email address:

A $50 certification fee is required. If the required $50 certification fee is not submitted along with this request, the request will be returned and the request will be denied.

Applicant signature: ____________________________ Date: __________