



Petition for the Transfer to Inactive Status to the Council of the North Carolina State Bar

1. Name: _____ State Bar # _____

2. The address and telephone numbers where communications from the State Bar should be sent during my inactive status:

_____	_____
Street Address	City, State, Zip
_____	_____
Home Phone #	Work Phone #

E-mail Address	

3. I desire to be placed on inactive status for the following reason:

- ☐ Retirement
☐ Not Practicing Law in North Carolina

4. I have paid all membership dues, assessments, and fees owed to the North Carolina State Bar, including those for the current year. I have also paid all fees owed to my local judicial district bar.

5. I acknowledge that, if this petition is granted, I will remain subject to the Rules of Professional Conduct and to the disciplinary jurisdiction of the State Bar including jurisdiction in any pending matter before the Grievance Committee or the Disciplinary Hearing Commission. I further acknowledge that I will be subject to the requirements for reinstatement, including but not limited to any CLE requirements, in effect at the time of filing a petition for reinstatement.

6. I understand that if I am granted inactive status that I cannot practice North Carolina law or serve as "of counsel" to any North Carolina firm, organization or entity. Effective as of the date I am granted inactive status, I have properly withdrawn from the representation of all clients and, with regard to matters in litigation, I have followed the court's protocol for withdrawal.

7. If applicable, I have filed the appropriate documents with the NC Secretary of State, Corporations Division, and the NC State Bar to dissolve or amend the articles of _____,
(PA / PC / PLLC name)
the professional organization with which I was affiliated.

8. I wish for my petition to be considered at the _____ State Bar Council Meeting. (January, April, July, or October)

9. By signing this petition, I confirm I have read and understand the questions or statements herein.

Signature Date

FOR OFFICE USE ONLY

membership fees paid (Y/N) _____

Owes CLE fees and/or ARF (Y/N) _____