

**ATTORNEY PERMANENT RETIREMENT
WRITTEN NOTICE**

JD-GC-26 New 1-14
C.G.S. §51-81b(g);
P.B. § 2-55A

STATE OF CONNECTICUT
SUPERIOR COURT
JUDICIAL BRANCH

ADA NOTICE
The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at www.jud.ct.gov/ADA.

Instructions

1. File this form if you want to permanently retire from the practice of law. **This retirement cannot be revoked for any reason.**
2. Do not file this form if you are the subject of any pending disciplinary investigation.
3. File the original form with the Statewide Bar Counsel, 287 Main Street, 2nd Floor, Suite 2, East Hartford, Connecticut 06118-1885. Keep a copy for your records.
4. The Statewide Bar Counsel will notify you of the decision on your request and the effective date of your retirement if the request is granted.

To: Statewide Bar Counsel

Name of Attorney (First, middle, last, suffix)	Connecticut Juris number
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Address of Attorney (Number, street, apartment number, city, state and zip code)

Pursuant to Section 2-55A of the Practice Book, I hereby request to permanently retire from the practice of law in the State of Connecticut. I understand that upon my retirement, I will be exempt from paying the client security fund fee set forth in Section 2-70(a) of the Practice Book and from complying with the registration requirements set forth in Sections 2-26 and 2-27(d) of the Practice Book. I further understand that my retirement does not bar the initiation, investigation and pursuit of disciplinary complaints filed on or after the date of my retirement. I understand that upon the effective date of my retirement, I cannot revoke my retirement and will no longer be eligible to practice law as an attorney in the state of Connecticut. The only way I would be eligible to practice law again in this state, would be to apply for admission to the bar pursuant to Sections 2-8 or 2-13 of the Practice Book.

STOP! By signing below and filing this form, you are requesting to retire permanently from the practice of law in the state of Connecticut. This retirement cannot be revoked for any reason.

Signed (Attorney named above) ▶	Name of person signing at left	Date signed
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<input type="checkbox"/> Approved	Effective date: _____
<input type="checkbox"/> Denied (disciplinary investigation pending)	
_____ Statewide/Assistant Bar Counsel	_____ Date signed