

# APPLICATION FOR REINSTATEMENT

JD-GC-23 New 1-14  
P.B. § 2-53

## 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](http://www.jud.ct.gov/ADA).

### Instructions

1. To be completed by suspended, disbarred or resigned attorneys.
2. All sections must be completed or the application will be returned.
3. This is a continuing application. The applicant must provide all new or updated information on a timely basis.
4. Attach additional sheets as necessary to answer any question. For each

additional sheet, identify the specific Section for which the applicant is providing additional information.

5. The applicant should maintain a copy for his or her records.
6. File this application with the clerk of the superior court for the jurisdiction that issued the discipline.

Pursuant to Practice Book § 2-53, I, the undersigned applicant, submit this application for reinstatement to practice as an attorney in Connecticut, and in support of such application I submit the following sworn statement and attachments. I have read Practice Book § 2-53 and the Rules of Professional Conduct.

## Section 1. Biographical Information

Full name (Last, first, middle)		Date of birth	Juris number
Current street address (a street address is required: a P.O. box number only is not acceptable)		City	State
			Zip code
Telephone number	E-mail address		

## Section 2. Mandatory Practice Book § 2-53(d) Requirements

Check off compliance with Practice Book § 2-53(d) and **attach proof of compliance** with each requirement to your application.

- N/A  Yes I paid the Connecticut Bar Examining Committee the application fee.
- N/A  Yes I am no longer the subject of any pending disciplinary proceedings or investigations.
- N/A  Yes I took the Multistate Professional Responsibility Examination in the past six months on \_\_\_\_\_ and received a passing score which was sent to the Connecticut Bar Examining Committee.
- N/A  Yes I have successfully completed any criminal sentence including, but not limited to, a sentence of incarceration, probation, parole, supervised release, or period of sex offender registration and I have fully complied with any orders regarding conditions, restitution, criminal penalties or fines.
- N/A  Yes I fully complied with all court ordered conditions imposed pursuant to the order of discipline or I have received relief from that condition from the court.
- N/A  Yes I am in compliance with Practice Book §§ 2-27(d), 2-70 and 2-80. This includes having registered (*suspended attorneys only*) and having paid all fees and restitution due to the Client Security Fund.

**STOP! IF YOU HAVE NOT COMPLETED THE ABOVE REQUIREMENTS, YOU ARE NOT ELIGIBLE TO APPLY FOR REINSTATEMENT. THIS APPLICATION WILL BE RETURNED TO YOU AS INCOMPLETE WITHOUT A PUBLIC HEARING. IF YOU SELECTED N/A BECAUSE THE COURT HAS EXEMPTED YOU FROM COMPLYING WITH THIS REQUIREMENT, ATTACH A COPY OF THE COURT ORDER TO YOUR APPLICATION.**

### Section 3. Residence History

List in chronological order every residence, whether permanent or temporary, for more than thirty days, since you were suspended, disbarred or resigned.

From	To			
Street		City	State	Zip code
From	To			
Street		City	State	Zip code
From	To			
Street		City	State	Zip code

### Section 4. Licensing Status

No  Yes Have you ever applied for reinstatement to the Connecticut bar? If yes, provide the following information as well as a copy of the standing committee's recommendation and the court decision.

Case name		
Docket or complaint number	Date of decision	Decision

No  Yes Have you ever been investigated for the unauthorized practice of law in any jurisdiction? If yes, explain the circumstances and the result(s) below:

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List in chronological order any and all attorney discipline issued in Connecticut or any other jurisdiction against your license. Provide copies of every decision. If any conditions were ordered, attach proof that you complied with the ordered conditions. This includes private discipline.

Case name		
Docket or complaint number	Date of decision	Discipline ordered

Case name		
Docket or complaint number	Date of decision	Discipline ordered

Case name		
Docket or complaint number	Date of decision	Discipline ordered

No  Yes Has your license ever been deactivated pursuant to Practice Book § 2-56 (*Inactive due to disability*)?

No  Yes Has your license ever been suspended for failure to pay the Client Security Fund fee? If yes, provide the following information:

Date of suspension	Date of reinstatement
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No  Yes Are you or have you ever been a member of the bar of another jurisdiction, including federal admission? If yes, provide the following information:

Jurisdiction	Date of admission	License number	Current status of license
Jurisdiction	Date of admission	License number	Current status of license

## Section 5. Employment

List in chronological order all employment since you were suspended, disbarred or resigned, beginning with the most recent.

From	To	Name			
Street			City	State	Zip code
Position held		Supervisor		Type of business	
Reason for leaving					

  

From	To	Name			
Street			City	State	Zip code
Position held		Supervisor		Type of business	
Reason for leaving					

## Section 6. Civil and Family Proceedings

No  Yes Has a civil judgment ever been entered against you? If yes, provide the following information and a copy of the judgment and proof of satisfaction.

Case name			
Docket number	Location/Forum	Amount of judgment	Date satisfied
Case name			
Docket number	Location/Forum	Amount of judgment	Date satisfied

No  Yes Are you presently, or have you ever been in arrears, or in default on, any court-approved agreement, judgment or court-ordered alimony or child support?

No  Yes Are you currently a party to any pending civil proceedings, including, but not limited to, suits in equity, actions at law, suits or petitions in bankruptcy, statutory proceedings, competency or commitment proceedings, divorce, civil restraining orders, guardianship, probate, paternity, or any other civil and administrative proceeding in Connecticut or any other jurisdictions? If yes, provide the following information:

Title of case			
Docket number	Name of forum	Date filed	Your position in case (e.g. plaintiff)
Nature of case		Current status or disposition	
Your attorney		Opposing attorney	
Title of case			
Docket number	Name of forum	Date filed	Your position in case (e.g. plaintiff)
Nature of case		Current status or disposition	
Your attorney		Opposing attorney	

## Section 6. Civil and Family Proceedings (Continued)

No  Yes Have you, or a representative, ever settled a legal malpractice claim brought against you? If yes, provide the following information:

Name of client	Settlement amount	Date of settlement
Name of client	Settlement amount	Date of settlement

## Section 7. Criminal And Motor Vehicle Proceedings

No  Yes Have you ever been charged with a crime? (Include pending matters and dispositions resulting in convictions, pretrial diversionary programs, protective and restraining orders, nolle and dismissals). If yes, provide the following information:

Title of case

Docket number	Name of forum	Status	Disposition
Initial charge (if different)	Conviction offense	Date of disposition	

No  Yes Within the last five years, have you been charged with reckless driving, evading responsibility, driving under the influence (DUI) or driving while intoxicated (DWI)? If yes, provide the following information:

Title of case

Docket number	Name of forum	Status	Disposition
Initial charge (if different)	Conviction offense	Date of disposition	

## Section 8. Current Fitness To Practice Law And Good Moral Character

No  Yes Have you taken any continuing legal education (CLE) courses since you were disciplined? If yes, provide a copy of each CLE certificate you have received.

What areas of law did you practice in before you were disciplined?

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What areas of law do you intend to practice in if you are reinstated?

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No  Yes Do you intend to consult with a practice mentor if you are reinstated? If yes, list the mentor's name and juris number.

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No  Yes Do you have an offer of employment if you are reinstated to the bar? If yes, where would you work?

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No  Yes Do you currently have any condition or impairment (including, but not limited to, medical problem, substance abuse, alcohol abuse or a mental, emotional or nervous disorder or condition) which, in a material way, affects your ability to practice law? If yes, state the condition and describe how it would affect your ability to practice.

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**Section 8. Current Fitness To Practice Law And Good Moral Character (Continued)**

No  Yes Have you been hospitalized since your suspension, disbarment, or resignation? If yes, list the hospital, the dates of any hospitalization and the reason.

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No  Yes Have you ever failed to file any local, state or federal income tax return as required by law or failed to pay any taxes, including the attorney occupational tax, when due? If yes, explain the circumstances and furnish documentation showing that taxes are current.

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No  Yes Other than your license to practice law, have you had any license or permit suspended or revoked? If yes, explain below.

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**Section 9. Volunteer Work**

No  Yes Have you engaged in any volunteer work since you were disciplined? If yes, provide the following information:

From	To	Name			
Street			City	State	Zip code
Type of work		Supervisor		Type of charity	
Number of hours	Brief description				
From	To	Name			
Street			City	State	Zip code
Type of work		Supervisor		Type of charity	
Number of hours	Brief description				

**Section 10. References**

List the names and complete addresses of three people, at least one of whom must be an attorney licensed in Connecticut, as references. None of the references may be related to each other, or to you, by blood or marriage. Provide a letter of reference from each person with your application.

Name			
Street	City	State	Zip code
Name			
Street	City	State	Zip code
Name			
Street	City	State	Zip code

**Section 11. Personal Statement**

You may attach a personal statement summarizing the application and provide any additional information that you would like considered.

**Section 12. Signature And Oath**

This application must be signed under oath. Please use BLUE ink.

Signed ( <i>Signature of Applicant</i> )	Dated at	City	State	Date signed
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STATE OF CONNECTICUT            )  
  ss. \_\_\_\_\_  
COUNTY OF \_\_\_\_\_)

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ before me, \_\_\_\_\_  
\_\_\_\_\_ personally appeared \_\_\_\_\_, known to  
me (*or satisfactorily proven*) to be the person whose name is subscribed to the within instrument and acknowledged that  
he/she executed the same for the purposes therein contained and that his/her responses are true, under penalty of  
making a false statement pursuant to General Statutes § 53a-157b (*a Class A misdemeanor*).

In witness whereof I hereunto set my hand.

\_\_\_\_\_  
(*Notary public/Commissioner of the Superior Court*)