

**ATTORNEY REVOCATION OF  
RETIREMENT WRITTEN NOTICE**

JD-GC-25 Rev. 10-17  
C.G.S. §51-81b(g);  
P.B. § 2-55

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

**Instructions**

1. File this form if you wish to revoke a retirement granted pursuant to section 2-55 of the Practice Book.
2. Do not file this form if you owe a fee to the Client Security Fund pursuant to section 2-70 of the Practice Book or if you retired pursuant to section 2-55A of the Practice Book.
3. Complete this form and file the original with the Statewide Bar Counsel, 287 Main Street, 2nd Floor, Suite 2, East Hartford, Connecticut 06118-1885, and a copy with the clerk for the judicial district of Hartford, 95 Washington Street, Hartford, Connecticut 06106. Keep a copy for your records.

**To: Statewide Bar Counsel**

Name of Attorney (*First, middle, last, suffix*)

Address of Attorney (*Number, street, apartment number, city, state and zip code*)

Connecticut Juris number

Effective date of retirement

**Pursuant to Section 2-55 of the Practice Book, I hereby give notice that I am revoking the retirement from the practice of law in the state of Connecticut that I was granted pursuant to Practice Book Section 2-55. I understand that upon my reinstatement to the practice of law, I will be responsible for paying the Client Security Fund fee set forth in Section 2-70(a) of the Practice Book that I am now subject to the Minimum Continuing Legal Education requirements set forth in Section 2-27A of the Practice Book, and that I will continue to comply with the registration requirements set forth in Sections 2-26 and 2-27(d) of the Practice Book.**

Signed (*Attorney named above*)

Name of person signing at left

Date signed

