

# Form AHC50



## NOTICE RE TERMINATION OR WITHDRAWAL OF REGISTRATION AS AUTHORIZED HOUSE COUNSEL

I, \_\_\_\_\_, certify that:

(Please check the appropriate box and provide the requested information.)

my employment with \_\_\_\_\_, the organization for which my registration was filed, has terminated; or

I have resigned my employment with \_\_\_\_\_ the organization for which my registration was filed; or

I hereby withdraw my registration as authorized house counsel; or

I have relocated outside of Connecticut for a period greater than 180 consecutive days.

I have read Practice Book § 2-15A (e) and understand that upon receipt of this notice, the bar examining committee will forward a request to the statewide bar counsel that the authorization for me to perform services as authorized house counsel in Connecticut be revoked.

\_\_\_\_\_  
(Signature)

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My current mailing address is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Send completed form to:

**Connecticut Bar Examining Committee  
AHC Application Department  
100 Washington Street  
Hartford, CT 06106-4411**