

ATTORNEY REVOCATION OF RETIREMENT WRITTEN NOTICE

JD-GC-25 Rev. 9-22
C.G.S. §51-81b(g); P.B. § 2-55

For information on ADA accommodations, contact a court clerk or go to: www.jud.ct.gov/ADA.

STATE OF CONNECTICUT
STATEWIDE GRIEVANCE COMMITTEE
JUDICIAL BRANCH
www.jud.ct.gov



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, 100 Washington Street, First Floor, Hartford, CT 06106, and a copy with the clerk for the judicial district of Hartford, 95 Washington Street, Hartford, CT 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

