

**ATTORNEY REGISTRATION  
CHANGE OF INFORMATION**

JD-GC-10 Rev. 1-24  
P.B. §§ 2-27, 2-27A, 2-55

STATE OF CONNECTICUT  
**JUDICIAL BRANCH  
STATEWIDE GRIEVANCE COMMITTEE**

999 Asylum Avenue, Fifth Floor,  
Hartford, CT 06105  
[www.jud.ct.gov/sgc](http://www.jud.ct.gov/sgc)

FOR QUESTIONS, EMAIL  
[Attorney.registration@jud.ct.gov](mailto:Attorney.registration@jud.ct.gov)  
Or call (860) 296-3848

Read the accompanying instructions before preparing this document. Questions about completing this form may be e-mailed to [Attorney.Registration@jud.ct.gov](mailto:Attorney.Registration@jud.ct.gov) OR call (860) 296-3848

Enter All Previously Registered Public Information Here						Enter New or Corrected Public Information Here					
1. Name of Attorney						1. Name of Attorney (Include proof of name change)					
Firm or business name (Primary law or business office)						Firm or business name (Primary law or business office)					
Office address (Number and street)				Post Office box		Office address (Number and street)				Post Office box	
City			State	Zip code		City			State	Zip code	
Judicial District(s) of law office(s) (For Attorney with Connecticut addresses only)						Judicial District(s) of law office(s) (For Attorney with Connecticut addresses only)					
Business telephone (Leave telephone number blank if at least one of the following boxes has been checked)						Business telephone (Leave telephone number blank if at least one of the following boxes has been checked)					
<input type="checkbox"/> I do not maintain a business telephone		<input type="checkbox"/> I do not work in the U.S. or its territories				<input type="checkbox"/> I do not maintain a business telephone		<input type="checkbox"/> I do not work in the U.S. or its territories			
Juris number						Juris number					
2. The following is a list of all <b>other</b> jurisdictions (States and District of Columbia only) where I have ever been admitted to practice as a lawyer:						2. The following is a list of all <b>other</b> jurisdictions (States and District of Columbia only) where I have ever been admitted to practice as a lawyer:					
<input type="checkbox"/> None	Year	State	Year	State	Year	State	<input type="checkbox"/> None	Year	State	Year	State
3. I engage in the private practice of law in the State of Connecticut.						3. I engage in the private practice of law in the State of Connecticut.					
<input type="checkbox"/> Yes		<input type="checkbox"/> Not at all		<input type="checkbox"/> Retired (Pursuant to P.B. section 2-55)		<input type="checkbox"/> Yes		<input type="checkbox"/> Not at all		<input type="checkbox"/> Retired (Pursuant to P.B. section 2-55)	
<input type="checkbox"/> Pro Hac Vice (Proceed to question 7)						<input type="checkbox"/> Pro Hac Vice (Proceed to question 7)					
4. I, individually or through the firm with which I am associated, participate in IOLTA (Interest on Lawyer's Trust Accounts) pursuant to Rule 1.15 of the Rules of Professional Conduct:						4. I, individually or through the firm with which I am associated, participate in IOLTA (Interest on Lawyer's Trust Accounts) pursuant to Rule 1.15 of the Rules of Professional Conduct:					
<input type="checkbox"/> Yes		<input type="checkbox"/> No				<input type="checkbox"/> Yes		<input type="checkbox"/> No			
5. I do <b>not</b> maintain a fiduciary account. <input type="checkbox"/> ("X" here )						5. I do <b>not</b> maintain a fiduciary account. <input type="checkbox"/> ("X" here )					
6. Minimum Continuing Legal Education (MCLE) Compliance Certification						6. Minimum Continuing Legal Education (MCLE) Compliance Certification					
a. I have complied with the MCLE requirements for the past year:						a. I have complied with the MCLE requirements for the past year:					
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Exempt (You must answer question 6b.)		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Exempt (You must answer question 6b.)	
b. I claim one or more of the following exemptions from the MCLE requirements:						b. I claim one or more of the following exemptions from the MCLE requirements:					
<input type="checkbox"/> I am retired pursuant to P.B. section 2-55.						<input type="checkbox"/> I am retired pursuant to P.B. section 2-55.					
<input type="checkbox"/> I served on active duty in the armed forces for more than six months in the past year.						<input type="checkbox"/> I served on active duty in the armed forces for more than six months in the past year.					
<input type="checkbox"/> I was admitted to the bar this year or last year.						<input type="checkbox"/> I was admitted to the bar this year or last year.					
<input type="checkbox"/> I was certified as authorized house counsel this year or last year.						<input type="checkbox"/> I was certified as authorized house counsel this year or last year.					
<input type="checkbox"/> I earned less than \$1000 in compensation for the provision of legal services in the past year.						<input type="checkbox"/> I earned less than \$1000 in compensation for the provision of legal services in the past year.					
<input type="checkbox"/> I was granted a temporary or permanent exemption from the Statewide Grievance Committee.						<input type="checkbox"/> I was granted a temporary or permanent exemption from the Statewide Grievance Committee.					
<input type="checkbox"/> I am a Workers' Compensation Commissioner.						<input type="checkbox"/> I am a Workers' Compensation Commissioner.					
<input type="checkbox"/> I am an elected constitutional officer.						<input type="checkbox"/> I am an elected constitutional officer.					

1. Name of Attorney	Juris number
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Enter All Previously Registered Non-Public Information Here	Enter New or Corrected Non-Public Information Here
7. Home address (Number, street, city, state, zip code)	7. Home address (Number, street, city, state, zip code)
Office e-mail address	Office e-mail address
Date of birth (Month, day, year)	Date of birth (Month, day, year)

8. I, individually or through the firm with which I am associated, maintain the following fiduciary account(s). (If no account is maintained leave blank; Associates and Of Counsel list firm information.)

Enter All Previously Registered Information Here	Enter New or Corrected Information Here
Account number:	Account number: <span style="float: right;">New <input type="checkbox"/> Corrected <input type="checkbox"/></span>
Financial Institution:	Financial Institution:
City:	City:
Account number:	Account number: <span style="float: right;">New <input type="checkbox"/> Corrected <input type="checkbox"/></span>
Financial Institution:	Financial Institution:
City:	City:
Account number:	Account number: <span style="float: right;">New <input type="checkbox"/> Corrected <input type="checkbox"/></span>
Financial Institution:	Financial Institution:
City:	City:
Account number:	Account number: <span style="float: right;">New <input type="checkbox"/> Corrected <input type="checkbox"/></span>
Financial Institution:	Financial Institution:
City:	City:
Account number:	Account number: <span style="float: right;">New <input type="checkbox"/> Corrected <input type="checkbox"/></span>
Financial Institution:	Financial Institution:
City:	City:
Account number:	Account number: <span style="float: right;">New <input type="checkbox"/> Corrected <input type="checkbox"/></span>
Financial Institution:	Financial Institution:
City:	City:
Account number:	Account number: <span style="float: right;">New <input type="checkbox"/> Corrected <input type="checkbox"/></span>
Financial Institution:	Financial Institution:
City:	City:
Account number:	Account number: <span style="float: right;">New <input type="checkbox"/> Corrected <input type="checkbox"/></span>
Financial Institution:	Financial Institution:
City:	City:

### Certification

I certify that the information provided is true. If any statements are willfully false, I realize I am subject to discipline by the Superior Court.	Attorney's signature  ▶	Date signed
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Retain a copy for your records and mail original to:

**STATEWIDE GRIEVANCE COMMITTEE, ATTORNEY REGISTRATION**  
**999 Asylum Avenue, Fifth Floor,**  
**Hartford, CT 06105**

# Instructions for Completing the Attorney Registration and Change of Information Forms

**Note:** Except for pro hac vice attorneys and attorneys who have been granted an exclusion from electronic services requirements, attorneys and authorized house counsel must enroll in judicial branch e-services and register electronically at [www.jud.ct.gov](http://www.jud.ct.gov). Excluded attorneys and pro hac vice attorneys must submit the enclosed paper form.

## PUBLIC INFORMATION

### Question 1: (Name, Address, Location of Connecticut Offices and Business Telephone)

If your business address or home address is different from what is listed on the form, **print clearly** or type the correct information on the **right side of the form**. If you are currently unemployed or do not have a business address, write **none** in the business address section on the **right side of the form**.

NOTE: If you register your home address in the office address section of the form it will be considered public information. In the box labeled "Judicial District(s) of Law Office(s)" enter the abbreviation of the judicial district(s) in which you or your firm maintains your law office(s). See abbreviations below.

Ansonia/Milford -AM	New Britain -HHB	New London -NL	Danbury -DAN	Litchfield -L
Stamford/Norwalk -SN	Bridgeport -B	Middlesex -M	Tolland -T	Hartford -HHD
New Haven -NH	Waterbury -WBY	Windham -WIN		

Provide your business telephone number with area code. If you do not maintain a business telephone, or work outside of the United States and its territories, check the appropriate box.

### Question 2: (Admitted In Other Jurisdictions?)

If you have been admitted to practice in other jurisdictions, write in the year and abbreviation of the state or jurisdiction on the right side of the form. **Do not list U.S. federal court admissions or admission to foreign countries.**

The Judicial Branch database can only record information regarding admissions to 3 other jurisdictions. If you are admitted to more than 3 other jurisdictions, list additional admission information on a separate piece of paper.

**You do not have to list your admission to Connecticut. We already have that information.**

### Question 3: (Engaged In The Private Practice Of Law In Connecticut?)

Except as noted below, if you practice law *in any capacity* in Connecticut, whether it is for a large law firm or a private corporation, including Authorized House Counsel, the answer to this question should be **YES**. Associates, Of Counsel, employees of law departments for private or public corporations, practicing law in **any** capacity at all requires that you answer **YES** to this question.

The exceptions to this question are State of Connecticut and other government employees. If you are a federal, state, or municipal employee exclusively, the answer to this question is **NO**. To answer **"RETIRED"** you must have retired from the practice of law in accordance with Practice Book section 2-55 (revocable retirement) or section 2-55A (permanent retirement).

**Connecticut Admitted Attorneys:** If You Answer "Yes" to question 3, you must complete the "Judicial District(s) Of Law Offices" box in Section 1 **and** complete questions 4 through 6.

**Authorized House Counsel:** You must complete the "Judicial District(s) of Law Offices box in Section 1. You **do not** need to complete Questions 4 and 5. You must complete question 6.

**Pro Hac Vice Attorneys:** If you answer "Pro Hac Vice" to Question 3 you **do not** need to complete Questions 4 through 6.

### Question 4: (Participate In IOLTA?)

If you **or the firm that you work for** participates in the IOLTA (Interest on Lawyers' Trust Accounts) program, answer **YES** to this question. Authorized House Counsel should check **NO**. If you answered "Pro Hac Vice" in response to Section 3, you may skip this question.

### Question 5: (Maintain Trust/Fiduciary Account(s)?)

This is to be completed **only** if you have answered "yes" to Question 3. Authorized House Counsel and Pro Hac Vice attorneys do not have to provide this information.

### Question 6: (Minimum Continuing Legal Education Certification/Exemption)

Attorneys admitted in Connecticut and Authorized House Counsel must certify that they have completed their minimum continuing legal education (MCLE) requirements for the previous calendar year. Check Yes, No, or Exempt. If you check Exempt, then you must check the appropriate exemption that applies to you.

Pro hac vice attorneys **do not** answer this question.

## NON-PUBLIC INFORMATION

**Non-public information obtained from this form shall be available to the Department of Revenue Services in the collection of the occupational taxes on attorneys pursuant to General Statutes § 51-81b.**

### **Question 7: (Home Address, Office E-mail, Date of Birth)**

Provide all information. Note: if you have not listed a business address above, you **MUST** provide a home address here. The e-mail address you provide will not be public information. If you do not maintain an office e-mail address, provide an e-mail address for contact information. Your home address will not be public, unless no office address is provided above and then only if your home address is part of the public record of a grievance complaint as defined in Section 2-50 or you use your personal juris number to appear in a matter in this state.

### **Question 8: (List of Fiduciary Accounts)**

If you or the firm that you work for maintains one or more fiduciary accounts, then you must provide the information for any account in which the funds of more than **one Connecticut client** are kept. See Practice Book sections 2-27 (d) and 2-28 (c).

Provide the information on the continuation page(s) of this form.

If you no longer maintain an account listed on your form, check the box marked "delete."

If you are entering information about an account that does not appear on the form, enter it on the right side of the form and check the box with the heading "new" above it. The space to the left of this information should remain blank.

If information about an account printed on the form has changed (e.g., the name of the financial institution), enter the correct information on the right side of the form and check the box with the heading "corrected" above it.

Associates and of counsel, list your firm's account information.

If no trust funds are maintained, leave blank.

### **Certification (Sign and Date)**

**Do not forget your signature!** Your form will be returned to you if it is not signed, you will be deemed not to have complied with the registration requirement and, consequently, you will **not** be considered in good standing in the Connecticut bar (see Practice Book section 2-65).

### **Questions?**

E-mail us at [Attorney.Registration@jud.ct.gov](mailto:Attorney.Registration@jud.ct.gov) or call us at (860) 296-3848.