

**ATTORNEY REVOCABLE
RETIREMENT WRITTEN NOTICE**

JD-GC-24 Rev. 10-17
C.G.S. §51-81b(g);
P.B. §§ 2-27A, 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.

Instructions

1. File this form if you want to retire but retain your right to revoke your retirement at any time.
2. Do not file this form if you are the subject of any pending disciplinary investigation.
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. Keep a copy for your records.
4. The statewide bar counsel will notify you of the decision on your request and the effective date of your retirement if the request is granted.
5. If you wish to revoke this retirement, you must complete form JD-GC-25 and send it to the clerk for the judicial district of Hartford and the Statewide Bar Counsel.

To: Statewide Bar Counsel

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

Connecticut Juris number

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

Pursuant to Section 2-55 of the Practice Book, I hereby request to retire from the practice of law in the State of Connecticut. I understand that upon my retirement, I will be exempt from paying the Client Security Fund fee set forth in Section 2-70(a) of the Practice Book and the Minimum Continuing Legal Education requirements set forth in Section 2-27A of the Practice Book, but that I must continue to comply with the registration requirements set forth in Sections 2-26 and 2-27(d) of the Practice Book. I further understand that my retirement does not bar the initiation, investigation and pursuit of disciplinary complaints filed on or after the date of my retirement. I understand that I may continue to engage in uncompensated legal services to clients under the supervision of an organized legal aid society, a state or local bar association project, or a court-affiliated pro bono program.

Signed (*Attorney named above*)

Name of person signing at left

Date signed

Approved

Denied (*disciplinary investigation pending*)

Effective date: _____

Statewide/Assistant Bar Counsel

Date signed