

REQUEST FOR CERTIFICATION FROM ACCOUNTING, CLE COMMISSION AND OFFICE OF BAR COUNSEL FOR RESTORATION OR REINSTATEMENT PURPOSES*



KENTUCKY BAR ASSOCIATION

514 WEST MAIN STREET
FRANKFORT, KY 40601-1883
(502) 564-3795
FAX (502) 564-3225
www.kybar.org

See SCR 3.501 Reinstatement in case of disciplinary suspension less than 181 days
See SCR 3.502 Reinstatement in case of disciplinary suspension more than 181 days
See SCR 3.504 Restoration to Membership or
See SCR 3.685 CLE Requirements for Restoration or Reinstatement to Membership

A \$150 certification fee is required.

If the fee is not submitted with the request, it will be denied.

**Please submit the
completed form along
with \$150 fee online
at www.kybar.org.**

**In the alternative, please
print and return completed
form with a check or
money order to:**

**Sarah Greenawalt
Membership Records
Assistant
Kentucky Bar Association
541 West Main Street
Frankfort, KY 40601**

1. Supreme Court Name and address of applicant: ☐ *Update Bar Roster (Pursuant to SCR 3.035)*

Phone: _____ E-mail: _____

2. KBA ID Number: _____

3. Date of Withdrawal or Suspension: _____

4. Check reason(s) that applies to your request:

- ☐ Suspension for CLE non-compliance (*SCR 3.504, formerly SCR 3.500*)
- ☐ Suspension for non-payment of dues (*SCR 3.504, formerly SCR 3.500*)
- ☐ Disciplinary Suspension
 - ☐ Less than 181 days (*SCR 3.501*)
 - ☐ 181 days or more (*SCR 3.502, formerly SCR 3.510*)
- ☐ Withdrawal (*under SCR 3.480(1)*)
- ☐ Disbarment (if prior to October 1, 1998)

5. Preferred method of delivery for certification:

☐ Mailing Address: _____

☐ Email Address: _____

Once the form is submitted and payment completed, a review of your file will commence, and you will be notified with further instructions.

**This form supersedes former Request for Certification forms.*

Applicant signature: _____ Date: _____