

**ATTORNEY LICENSING STATEMENT**

**July 1, 2009 - June 30, 2011**

*An online application for direct debit payment (eCheck), credit or debit card payment is available at*

<https://secure.vermont.gov/courts/licensing>

**INSTRUCTIONS:** This is a fillable form; to begin, click on a section, then tab to all other sections. Should you experience difficulty, you may print out this form and fill it in by hand. Fill out the form, print and sign, keeping a copy for yourself. **Mail this fully completed form with the appropriate fee to ATTORNEY LICENSING, 2418 Airport Road, Suite 2, Barre, VT 05641 as soon as possible to avoid suspension of your license to practice law.** Checks should be made payable to ATTORNEY LICENSING. Automatic suspension from the practice of law will occur after July 1. A \$100 reinstatement fee will be charged in addition to the licensing fee after suspension. Be sure to allow sufficient time for mail delivery. Incomplete forms will be returned and no additional time for completion will be given. **Allow two weeks for processing paper check filings.** The CLE Affidavit, required for attorneys who previously licensed as active, is available at [http://www.vermontjudiciary.org/eforms/CLE\\_Affidavit.pdf](http://www.vermontjudiciary.org/eforms/CLE_Affidavit.pdf) Questions should be directed to [jud-attylicensing@state.vt.us](mailto:jud-attylicensing@state.vt.us)

Attorney Information

Residence Address

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_  
Formerly Known As

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Attorney License Number

\_\_\_\_\_  
Date of Birth (optional)

\_\_\_\_\_  
Firm/ Business/Official Address \*\*

\_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Email Address (REQUIRED)\*\*

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
FAX Number (optional)

**REQUIRED Vermont IOLTA Account Information**

FAQs on IOLTA accounts are available at [www.vtbar.org/Upload%20Files/WebPages/Vermont%20Bar%20Foundation/faq.pdf](http://www.vtbar.org/Upload%20Files/WebPages/Vermont%20Bar%20Foundation/faq.pdf)

Further questions regarding IOLTA requirements should be directed to [dbailey@vtbarfndn.org](mailto:dbailey@vtbarfndn.org)

\_\_\_\_\_  
Vermont IOLTA Bank Account Number or "Exempt"

\_\_\_\_\_  
Bank Name or Reason for "Exemption"

Please attach a separate page for additional IOLTA accounts

List all other State jurisdictions to which you have been admitted to the practice of law: If none, check here:

Name of Jurisdiction: \_\_\_\_\_ Year of Admission: \_\_\_\_\_ Status \_\_\_\_\_

Name of Jurisdiction: \_\_\_\_\_ Year of Admission: \_\_\_\_\_ Status \_\_\_\_\_

- I am filing as **ACTIVE** and have enclosed a check for \$400.00.
- I am filing as **INACTIVE** and have enclosed a check for \$150.00. I will not be practicing law in Vermont.
- I am retiring/resigning from the practice of law as of \_\_\_\_\_ I understand that reinstatement requires readmission.

**By my signature, I certify that I am in good standing with respect to any and all taxes due the State of Vermont. I also certify that I am not under an obligation to pay child support, or that I am in good standing with respect to any and all child support payable.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\*PLEASE NOTE:** The office address and email address you provide on this statement will be considered your official address for any notification by the trial courts and the licensing office. **It is your responsibility to notify us of changes to your mailing or email address** by contacting us at [jud-attylicensing@state.vt.us](mailto:jud-attylicensing@state.vt.us). If a court delivers some or all notices by electronic mail, and the attorney fails to maintain a reported, operable electronic mail address, notice is sufficient if available on inquiry at the courthouse. See A.O. 41, Section 7.