

**REPLACEMENT ATTORNEY LICENSING STATEMENT**  
**For Use By Those Who Are Seeking Reinstatement or Change in Status ONLY**

**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 along with the Replacement CLE Affidavit, if required. Checks should be made payable to Attorney Licensing. Questions should be directed to [jud-attylicensing@state.vt.us](mailto:jud-attylicensing@state.vt.us)

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

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

\_\_\_\_\_  
Attorney License Number (If Known)

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

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

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

\_\_\_\_\_  
Email Address (Required)\*\*

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

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

Residence Address

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

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

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

**Vermont IOLTA Account Information (REQUIRED)**

FAQs on IOLTA accounts are available at  
<http://www.vtbarfoundation.org/iolta/faq>

Further questions regarding IOLTA requirements should  
be directed to [d Bailey@vtbarfoundation.org](mailto:d Bailey@vtbarfoundation.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 \$\_\_\_\_\_

I am filing as **INACTIVE** and have enclosed a check for \$\_\_\_\_\_. I will not be practicing law in Vermont.

**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.

