

INSTRUCTIONS FOR PETITIONERS FOR INACTIVE STATUS

Rev. 02/12/09

Conditions for Transfer to Inactive Status

Pursuant to 27 N.C.A.C., Chapter 1D, Rule .0901 of the N.C. State Bar Rules, requests for transfer to inactive status must be accompanied by a prescribed petition. At the time of filing the petition, the member must be in good standing which means that the petitioner has

- paid all membership fees, and any other fees or costs owed to the N.C. State Bar, and any delinquent local Judicial District Bar membership fees
- paid all past due fees, fines and penalties owed to the Board of Continuing Legal Education, and
- acknowledge the continuing disciplinary jurisdiction of the State Bar relative to any pending grievances or disciplinary complaints.

Procedure

The petition must be reviewed by the Administrative Committee and approved by the State Bar Council. The committee and the council meet quarterly in January, April, July, and October of every year. The dates of the meetings are posted on the home page of the State Bar website.

Instructions for Completing and Filing Petition

1. Print or type the petition.
2. If you file a petition between January 1 and December 31, you must pay the mandatory membership dues, Client Security Fund assessment and Judicial Surcharge for the year in which you file the petition. For your current balance you may contact the Membership Department at 919-828-4620. **Unpaid fees must accompany your inactive petition.**
3. **The petition must be postmarked on or before December 31st to avoid incurring the mandatory membership fees for the following year.**
4. Submit the petition 30 days prior to the quarterly meeting of the State Bar Council at which you are requesting the Council to take action on the petition.
5. **Mail the petition, payment and any supporting documentation to:**
N. C. State Bar
Attn. Membership Dept.
P.O. Box 26088
Raleigh, NC, 27611
6. Contact the Membership Department, at (919) 828-4620, if you have any questions or need further assistance regarding your membership status. Please contact the CLE Department, at (919) 733-0123, if you have any questions regarding your CLE status. **CLE fees can be mailed with the petition; however, a separate check is required, made payable to the Board of CLE.**

Effect of Inactive Status:

As long as your membership status is inactive you cannot practice North Carolina law, including giving advice regarding North Carolina law, or serving in an “of counsel” capacity to any North Carolina firm or professional organization. You are also prohibited from holding yourself out as a “lawyer”, “attorney”, an “attorney at law” or any other designation that implies that you are an active attorney who can provide legal services in North Carolina.

**PETITION FOR TRANSFER TO INACTIVE STATUS
TO THE COUNCIL OF THE NORTH CAROLINA STATE BAR**

of _____
(name)

1. I was admitted to the North Carolina State Bar on _____.
(date)

2. My State Bar # is _____.

3. My current address and telephone numbers are:

street address	home phone #
city, state, zip	work phone #
e-mail address	

4. My present employer is _____, in
_____(city), _____(state). My job title is
_____.

5. I have paid all membership dues, assessments, and fees owed to the North Carolina State Bar, including those for the current year. I have also paid all fees owed to my local Judicial District Bar.

6. I acknowledge that, if this petition is granted, I will remain subject to the Rules of Professional Conduct and to the disciplinary jurisdiction of the State Bar including jurisdiction in any pending matter before the Grievance Committee or the Disciplinary Hearing Commission.

7. I desire to be placed on inactive status for the following reason:

8. I understand that if I am granted inactive status that I cannot practice North Carolina law and/or serve as "of counsel" to any North Carolina firm, organization or entity.

Date Signature

FOR OFFICE USE ONLY
Current dues paid: _____
Other pending matters: _____
CLE check - owes CLE fees and/or ARF: _____
deficit to be satisfied prior to reinstatement: _____
of hours: _____ general _____ ethics _____ substance abuse