

**INSTRUCTIONS FOR PETITIONERS FOR REINSTATEMENT  
FROM INACTIVE STATUS OR ADMINISTRATIVE SUSPENSION  
SHORT FORM**

*Revised December 2025*

**Procedure**

Pursuant to 27 N.C.A.C. Chapter 1D, Rules .0902 and .0904 of the NC State Bar Rules, petitions for reinstatement from inactive status or administrative suspension (for failure to fulfill membership or CLE requirements) are reviewed by the Administrative Committee and approved by the NC State Bar Council. The committee and the council meet quarterly in January, April, July, and October.

**Instructions**

1. Print or type your responses on the petition. Date and sign the petition before a notary.
2. Pay the appropriate reinstatement fee:  
**\$125.00 if inactive** (payable to the NC State Bar)  
**\$125.00 if suspended for failure to pay membership fees** (payable to the NC State Bar)  
**\$250.00 if suspended for failure to complete CLE requirements** (payable to the NC Board of CLE)
3. Pay the **membership fees** for the year you are reinstating: **\$325.00 for 2026** (payable to the NC State Bar). Note: Pursuant to 27 N.C.A.C. Chapter 1A, Rule .0202(c), membership fees cannot be prorated. If suspended, pay any other membership, CLE, or grievance fees you may owe.
4. Complete any deferred CLE hours if inactive or any CLE hourly deficit owed at the time of suspension. Pay the **annual CLE attendance fee: \$25.00 for 2026** (payable to the NC Board of CLE).
5. Mail the petition, payments, and any supporting documentation to:

NC State Bar  
Membership  
Department PO Box  
26088 Raleigh, NC  
27611

Or Physical Address:

NC State Bar  
Membership  
Department 217 E.  
Edenton Street Raleigh,  
NC 27601

Submit the petition at least **30 days prior** to the quarterly meeting of the State Bar Council at which you are requesting the Council to act on the petition.

Contact Kelly Beck at [kbeck@ncbar.gov](mailto:kbeck@ncbar.gov) with questions about your reinstatement requirements.



# THE NORTH CAROLINA STATE BAR

## REINSTATEMENT PETITION

(Short Form)

For Lawyers Who Have Been Inactive or Suspended For 12 Months or Less

All responses are to be based on your knowledge, unless your response is expressly qualified to show another source of your information. Answer all questions. If the space for any answer is insufficient or an explanatory statement is required, complete your answer on a separate sheet and attach it to the petition. **Review the instruction page (attached to this petition) prior to submitting your petition to ascertain that you have met all requirements for reinstatement. PLEASE TYPE OR PRINT YOUR ANSWERS LEGIBLY.**

### Petitioner's Questionnaire and Affidavit

1. State:

(a) Full name \_\_\_\_\_

(b) Current mailing address:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(c) Telephone numbers: Work \_\_\_\_\_

Home \_\_\_\_\_ Mobile \_\_\_\_\_

(d) E-Mail Address \_\_\_\_\_

**(Please check your e-mail for correspondence concerning your reinstatement petition.)**

(e) Have you ever been known by any other name or surname (include any name prior to marriage)?  
\_\_\_\_\_ If so, list all other names and the dates and locations where such names were used.

\_\_\_\_\_  
\_\_\_\_\_

(f) Date of birth \_\_\_\_\_ Birthplace \_\_\_\_\_ Age \_\_\_\_\_

(g) Are you licensed to practice law in another state(s)? If so, what state(s) and what is your current status in that state:

\_\_\_\_\_

#### FOR OFFICE USE ONLY

ID # \_\_\_\_\_ License date \_\_\_\_\_ Date inactive / suspended \_\_\_\_\_

Reinstatement fee owed \_\_\_\_\_ Pd. \_\_\_\_\_

Membership fees owed \_\_\_\_\_ Pd. \_\_\_\_\_

JD dues owed \_\_\_\_\_ Pd. \_\_\_\_\_

CLE fees owed \_\_\_\_\_ Pd. \_\_\_\_\_

Other matters pending \_\_\_\_\_

CLE hours	PWB	Ethics	Tech	Total
Deficit				
Completed				

2. During the time you were inactive or suspended, indicate whether you were: **(You must answer YES or NO to each question below)**

- (a) Engaged in the practice of N.C. law **after** the 30 day wind-down period or anytime while the suspension or inactive status was in effect \_\_\_\_\_
- (b) Disciplined by a professional licensing organization \_\_\_\_\_
- (c) Have any disciplinary complaints, investigations or actions pending before a professional licensing organization \_\_\_\_\_
- (d) Disciplined (including criminal or civil contempt) by a tribunal \_\_\_\_\_
- (e) Convicted of a violation of law (excluding infractions in which appearance may be waived by paying a fine) \_\_\_\_\_
- (f) Failed to file and/or pay your state or federal taxes on time \_\_\_\_\_
- (g) Declared legally incompetent \_\_\_\_\_
- (h) Impaired<sup>1</sup> from a mental health disorder \_\_\_\_\_
- (i) Impaired from the use of alcohol or drugs \_\_\_\_\_

IF YOU ANSWERED “YES” TO ANY OF THE ABOVE, ATTACH RELEVANT DOCUMENTS (including any court order or order of discipline) AND AN EXPLANATORY STATEMENT PROVIDING SPECIFIC INFORMATION.

3. State the reason you desire readmission to the North Carolina State Bar and provide an explanation of your anticipated employment.

4. Is there any reason why your resumption of the practice of law may be detrimental to the integrity and standing of the Bar, or subversive of the administration of justice or the public interest? \_\_\_\_\_

If your answer is YES, provide an explanation including a description of any relevant conduct.

By executing this petition, you acknowledge that you have answered each question truthfully and completely.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
<sup>1</sup> “Impaired” or “impairment” means limited in your ability to carry on any life activities to an extent that would have adversely affected your ability to practice law. The ability to practice law requires, among other attributes, an accurate perception of reality, honesty, and the capacity to comprehend facts and circumstances, to reason logically, to communicate, to recognize and appropriately resolve ethical dilemmas, and to perform legal tasks in a timely manner.

## **Authorization and Consent to Release Information**

Name: \_\_\_\_\_

I hereby consent to the disclosure of any information relating to any grievance filed against me with the Grievance Committee of the North Carolina State Bar and authorize the release of any information relating thereto to the Administrative Committee of the North Carolina State Bar for the purpose of evaluating this petition for reinstatement.

I understand that I may revoke this consent to release information in writing at any time, except to the extent that action has been taken in reliance thereon. I agree that the Administrative Committee of the North Carolina State Bar will be notified upon any revocation of this release.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date