

Certificate Verification (for office use only)				
Status	A	I	C	R
Missing Biennium			Y	N
Discipline			Y	N
History			Y	N
CLE Enforcement			Y	N
No. of Certificates		1	2	

**REQUEST FOR CERTIFICATE OF GOOD STANDING**

Certificates of good standing are issued by the Office of Attorney Services of the Supreme Court of Ohio. To request a certificate of good standing, please complete the following form. Most requests for a standard certificate of good standing will be processed within four business days. We will process your request as promptly as possible. We can also issue certificates that include information regarding an attorney’s disciplinary record before the Supreme Court. Certificates of good standing with disciplinary information may take up to ten days to process. In addition, if you have been sanctioned or disciplined in the past, processing your request may take longer. **There is no fee for a certificate of good standing.**

You may submit this form **by mail to the Office of Attorney Services, 65 South Front Street, 5<sup>th</sup> Floor, Columbus, Ohio 43215** or by fax: **614/387-9529**. You may also **email** this form to [GoodStandingRequests@sc.ohio.gov](mailto:GoodStandingRequests@sc.ohio.gov). **Please note if you email the request, the Office of Attorney Services will send an email confirming receipt of the request for a certificate of good standing within one business day.** If you do not receive a confirmation email, please contact our office at 614/387-9320 or e-mail us at [GoodStandingRequests@sc.ohio.gov](mailto:GoodStandingRequests@sc.ohio.gov).

**PLEASE TYPE OR PRINT CLEARLY**

1. **Certificate(s) of good standing (STANDARD)**

Please issue  one  two  other \_\_\_\_\_ regarding the following attorney:

NAME OF ATTORNEY: \_\_\_\_\_  
(Required Field) (First Name) (Middle Name) (Last Name)

ATTORNEY REGISTRATION NUMBER: \_ \_ \_ \_ \_

2. **Certificate(s) of good standing WITH DISCIPLINARY INFORMATION**

Please issue:  one  two  other \_\_\_\_\_ regarding the following attorney:

NAME OF ATTORNEY: \_\_\_\_\_  
(Required Field) (First Name) (Middle Name) (Last Name)

ATTORNEY REGISTRATION NUMBER: \_ \_ \_ \_ \_

3. **I WOULD LIKE TO PICK UP** the certificate(s) of good standing at the Office of Attorney Services, The Supreme Court of Ohio (65 South Front Street, 5<sup>th</sup> Floor, Columbus). **Please notify me when these certificate(s) are ready to be picked up by telephoning me at \_\_\_\_\_ or emailing me at \_\_\_\_\_ with a message that they are available for pick-up.**

**OR**

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4. Please mail the certificate(s) of good standing to the following name and address (Type or print clearly within the box; this will be your mailing label).