

IN THE SUPREME COURT OF OHIO
Office of Attorney Services
Application for Retirement or Resignation

In the Matter of the Retirement or Resignation of

Full Name

as an Attorney at Law

AFFIDAVIT AND WAIVER

STATE OF _____

ss:

COUNTY OF _____

I, _____, a duly admitted attorney at law in the State of Ohio, wish to retire or resign from the practice of law in Ohio. I fully understand that this retirement or resignation completely divests me of the privilege of engaging in the practice of law, and of each, any, and all of the rights, privileges, and prerogatives appurtenant to the office of attorney and counselor at law. I fully understand that a resignation will be denoted as a resignation with discipline pending. I fully understand that my retirement or resignation is unconditional, final, and irrevocable.

I further allow Disciplinary Counsel to review all proceedings and documents relating to review and investigation of grievances made against me under the Rules for the Government of the Bar of Ohio and the Rules for the Government of the Judiciary of Ohio, and to disclose to the Supreme Court in the report filed in accordance with Gov. Bar R. VI, Section 6 any information it deems appropriate, including, but not limited to, information that otherwise would be private pursuant to Gov. Bar R. V.

I further state that (check one):

- I **am not** admitted to the practice of law in another jurisdiction.
- I **am** admitted to the practice of law in the following jurisdiction(s)
[List all jurisdictions]:

Jurisdiction and Attorney Registration Number

Jurisdiction and Attorney Registration Number

Jurisdiction and Attorney Registration Number

Jurisdiction and Attorney Registration Number

Ohio Attorney Registration Number

Current Mailing Address

Date of Birth

City/State/Zip Code

Further affiant sayeth naught.

Signature of Attorney

State of _____

ss:

County of _____

Sworn to or affirmed before me and subscribed in my presence this _____ day of

Month

Year

Notary Public