



# THE SUPREME COURT *of* OHIO

## CERTIFICATE OF GOOD STANDING

### Request for Certificate of Good Standing

**1. Attorney Registration Number**

(Don't know the attorney registration number? [Public Attorney Directory](#))

Attorney Name:

**2. Requestor Information**

First Name:

Last Name:

Phone:

Email:

Confirm Email:

**3. Certificate Type**

Standard (\$10)

Discipline Information (\$25)

**4. Delivery Method (Select One)**

Email

Mail (Regular First Class)      Quantity:

Pick Up      Quantity:

**5. Shipping Information (Select One)**

(a) Delivery/pick up notification email address:

(b) Mailing Address (Only Required for Certificates Being Mailed):

Attention to:

Firm/Agency:

Address 1:

Address 2:

City:

State:

Zip:

Country (If Outside the U.S.)

**TOTAL ENCLOSED:**

Check/money order payable to Supreme Court of Ohio

- Requests without payment will not be processed; all fees are non-refundable.

**MAIL FORM & CHECK TO:** Supreme Court of Ohio, Office of Attorney Services  
65 S. Front St., Fifth Floor, Columbus, OH 43215-3431