

PETITION TO RETURN TO ACTIVE STATUS

Name _____ P# _____

I request a return to ACTIVE status in the State Bar of Michigan, effective October 1, ____
(if request is before October 1), or _____ (date of signature).

I certify that I have not practiced law in Michigan since _____, nor am I
subject to any disciplinary action in any jurisdiction. (Inactive Date)

**Important: If your inactive date is over three years, you need to attach a certificate of
recertification from the Board of Law Examiners.**

List all current contact information:

Firm/Company _____

Address _____

City, State, Zip _____

Telephone _____

Facsimile _____

E-Mail _____

Please note: the information provided above will be listed in the April directory issue of the
Michigan Bar Journal. (If received after January 16, this information will **not** be in the April
directory for the current year).

DATED: _____
(Signature of Member)

Please return this form with your invoice and check, payable to the State Bar of Michigan, or
with the credit card information completed to the Finance Department at 306 Townsend St.,
Lansing, MI 48933. Faxes may be sent to 517-346-6365.

Please complete if using a credit card to pay your active dues:

- VISA Card Number: _____
- MasterCard Expiration Date: _____
- Amount authorized _____
- Name on Credit Card _____

Signature of credit card holder _____

Note: Mathematical errors will be corrected.