

REQUEST TO CHANGE TO ACTIVE STATUS

Name _____ P# _____

I request to change my status with the State Bar of Michigan from inactive status to active status.

Pursuant to Rule 3(B) of the [Rules Concerning the State Bar of Michigan](#), I certify that:

- I have been an inactive member of the State Bar of Michigan for a consecutive period of less than three years.
- No disciplinary action has been taken or is currently pending against me in another jurisdiction.

I understand that the effective date of the status change will be the date that this request, with payment, is processed.

Pursuant to Rule 3(B)(2), if your period of inactivity is three years or more, you must obtain a certificate of recertification from the [Board of Law Examiners](#).

Your name, P-number, and the information listed below will be posted in the online Member Directory, unless the State Bar of Michigan approves you for a [limited directory listing](#).

Firm/Company _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-Mail _____

Date: _____

(Signature of Member)

Please return the completed form to SBM-fee-billing@michbar.org or to:

State Bar of Michigan
Attn: Fee Processing
306 Townsend St.
Lansing, MI 48933

Once we receive the completed form, we will contact you to complete the payment.

If you have any questions, please contact us at (517) 346-6377.