REQUEST FOR VOLUNTARY CLE NONCOMPLIANCE STATUS

Name: _____
Address: _____
_____
E-Mail: _____

I certify I will no longer be actively practicing law in North Dakota and request that I be placed on voluntary CLE noncompliance status. I have reviewed Rule 4(b) of the North Dakota Rules for Continuing Legal Education and understand: 1) I will no longer be licensed to practice law in North Dakota; and 2) the ethical obligations associated with my voluntary CLE noncompliance status. I also certify that I am not subject to any disciplinary proceedings or investigations in any jurisdiction.

_____ I am retiring from the practice of law.

Dated this _____ day of _____, 20___.

Signed by: _____

Subscribed to and sworn before me this ____ day of _____, 20___.

_____
Notary Public
My commission expires: _____

***Please email to clecompliance@sband.org, or send by mail to:
North Dakota Commission for Continuing Legal Education
PO Box 2136
Bismarck, ND 58502-2136