AFFIDAVIT OF INACTIVE/RETIRED STATUS - Fiscal Year 2025

FOR THIS AFFIDAVIT TO BE APPROVED FOR FY 2025 THE ORIGINAL NOTARIZED DOCUMENT MUST BE RECEIVED NO LATER THAN August 31, 2024*

1. I have read Regulation i.5	(reproduced on the reverse side hereof), and I affirm my compliance therewith and my entitlement to your
"inactive/retired" status for the for	ollowing reasons (every box must be checked):
[] I have not relied on my	Maryland Bar license for employment purposes since the start of the fiscal year (July 1, 2024)
[] I am not listed as a mer	nber of the Maryland Bar as practicing, or "of counsel", "partner emeritus" or the like on any letterhead.
[] I am not listed as a lawy	er in any Maryland telephone directory. A request for removal in their upcoming edition is acceptable and the box
may be checked.	
[] I am not listed as a law	yer in the "Blue Pages" of the MSBA Maryland Lawyers Manual and/or the "Maryland Section" of Martindale-
Hubbell or any similar re	egional or national directory of lawyers or other media including print or electronic publications. The respective
agencies must be contact	ted if you are unsure of your current listing. A request for removal from their upcoming edition is acceptable and
the box may be checked	d.
[] I do not have a Marylan	d office for law practice.
[] I do not use a Maryland	office address (either as a principal or alternate location) in connection with any law practice.
[] I do not rely on my Mar	yland bar membership for any out-of-state law practice.
2. I understand that should this	status change be approved, the effective date will be July 1, 2024
3. I understand that I need not p	ay the FY25 assessment if the original affidavit is received and approved by CPF no later than August 31, 2024.
(*March 31, 2025 for December	2024 admittees)
•	may elect to become a voluntary contributor. As such you would be billed only for the amount you designate
below:	untary, contributor
[] I do not wish to be a vo	·
	untary partial contributor and enclose the \$20 contribution (CPF portion only)
[] I desire to become a vol	untary <u>full</u> contributor and <u>enclose</u> the \$130 contribution (CPF and AGC portions)
My current contact information a	nd attorney number are shown below:
NAME	AIS Attorney No. or SSN:
STREET ADDRESS	
CITY, STATE, ZIP CODE	
WORK PHONE	HOME PHONE
SIGNATURE	DATE
Chata of	Country (or City) of
	County (or City) of
On this day o	
instrument and acknowledged th	, known to me (or satisfactorily proven) to be the person(s) whose name is subscribed to within the at he/she executed the same for the purposes therein contained.
instrument and acknowledged th	
	at he/ she executed the same for the purposes therein contained.
In witness hereof I hereunto set	
In witness hereof I hereunto set	
In witness hereof I hereunto set [Notary Seal]	my hand and official seal.
	my hand and official seal. Signature of Notary Public
	my hand and official seal. Signature of Notary Public
[Notary Seal]	my hand and official seal. Signature of Notary Public

REGULATION i.5 OF THE CLIENT PROTECTION FUND OF THE BAR OF MARYLAND

i. Assessments.

5. The Fund shall maintain a status of "Inactive/Retired". An affidavit of inactive/retired status must be completed, notarized and received in compliance with date restrictions as indicated on the affidavit form. Those lawyers approved for this status shall not be charged assessments or late fees for any fiscal year once they are approved.

All Regulations of the Fund can be viewed at our website: www.courts.state.md.us/cpf

Confirmation of the status change will be mailed on or about the effective date to the address designated on this form.

Once approved, this Affidavit of Inactive/Retired Status will remain in effect in perpetuity. Should you wish to return to active status at a later time, please contact the Client Protection Fund at the number below.

Client Protection Fund of the Bar of Maryland Melissa M. Higdon, Executive Director 200 Harry S Truman Pkwy., Suite 350 Annapolis, MD 21401 410-630-8140