

Affidavit of NAME

In accordance with the requirements of Maine Bar Rule 4(e) and (k), I, _____,
Bar #, _____ of _____, certify that the following is true based on my personal
knowledge:

1. I am an attorney in good standing in the state of Maine

(ADD ANY OTHER STATES ADMITTED TO HERE)

2. Pursuant to Maine Bar Rule 4(e), I desire to be placed on inactive status;
3. I am not under an administrative suspension or the subject of a disciplinary investigation or proceeding under Maine Bar Rules 13(d) or (e); and
4. I have no pending or active legal business in Maine. Thus, there are no clients, courts or federal, state or local administrative agencies or private arbitration, mediation or alternative dispute resolution forums to notify.

Dated: _____
MM/DD/YY

By: _____
Name

Address

Phone #

State of _____

_____ County, ss.

Personally appeared the above-named _____
(Attorney)

And made oath that the above facts are true upon his/her personal knowledge, information and belief and, to the extent that they are based upon information and belief, he/she swears that he/she believes them to be true.

Dated _____
(MM/DD/YY)

Notary Public

My Commission Expires