

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 I have notified each client with whom I have an open engagement of my assumption to withdrawn status and the consequent inability to act as an attorney after the effective date of my assumption of withdrawn status (see attached list of clients).
5. I have notified each client with whom I am advising or representing in pending litigation or administrative proceedings, and the attorney or attorneys or other representative for each other party in such matter or proceeding, of my assumption to withdrawn status and consequent inability to act as an attorney;
6. I have advised each client with whom I have an open engagement to promptly seek legal advice elsewhere;
7. I have notified each court or federal, state or local administrative agency or private arbitration, mediation or alternative dispute resolution forum in which the attorney appears for any party of my assumption to withdrawn status and my consequent inability to act as an attorney identifying the particular proceeding by docket number as well as by names of parties, with copies of the notice sent to each party to the proceeding, and

8. Attached to this affidavit is a list of the names and addresses of all clients, attorneys, courts, administrative agencies and private dispute resolution forums to whom notice was sent as required by the rules, together with a copy of the text of the notices sent.

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