

New Jersey Lawyers' Fund for Client Protection

P.O. Box 961

Trenton, NJ 08625-0961

Certification of Retirement - Legal Services Volunteer For The Calendar Year _____

The retired exemption from payment is as defined, without alteration. We cannot grant the exemption if the language of this certification is altered or if "January 31" is deleted and a later date substituted.

I, _____, Esq., of full age, say:
Print Name

1. I am an attorney at law licensed to practice in the State of New Jersey;
2. I hereby request exemption from payment to the New Jersey Lawyers' Fund for Client Protection for the calendar year(s) indicated pursuant to *Rule* 1:28-2 because I am "retired completely from the practice of law" in every jurisdiction. I understand that attorneys are not exempt from payment solely by virtue of being out-of-state or exempt from *pro bono* assignment;
3. My only participation in any aspect of legal practice is by providing qualifying pro bono service as defined by *R.* 1:21-11(a) for Legal Services of New Jersey and the associated legal regional programs; for a certified organization under *R.* 1:21-11(b), or for an organization otherwise approved by the Supreme Court.
4. Other than as stated in paragraph 3, I am either unemployed or the employment in which I engage is not in any way related to the practice of law. I do not draft or review legal documents, render advice on the law or legal assistance, teach law, or serve in a court system in any capacity, **in any jurisdiction**. This is an accurate description of my activities at least since January 31 of the year for which exemption is sought;
5. I understand that I have an ongoing duty to immediately inform the Fund if I no longer qualify for the exemption granted;
6. I understand that I will remain officially retired until I inform the Fund otherwise;
7. I understand that it is my obligation to keep my address current with the Fund and to respond to the Annual Attorney Registration and Billing Form.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date: _____ Signature: _____