

**New Jersey Lawyers' Fund For Client Protection**  
**P.O. Box 961**  
**Trenton, NJ 08625-0961**

**Certification of Military Exemption**  
**For The Calendar Years(s) \_\_\_\_\_**

**The military 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:

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 "on full time active duty with the armed forces, AmeriCorps, or Peace Corps and not engaging in any way in private practice". I understand that attorneys are not exempt from payment solely by virtue of being prohibited from private practice or exempt from *pro bono* assignment;
3. This is an accurate description of my activities at least since January 31 of the year for which exemption is sought;
4. I understand that I have an ongoing duty to inform the Fund immediately if I no longer qualify for the exemption granted;
5. I understand that I will remain officially in military status until I inform the Fund otherwise;
6. I understand that it is my obligation to keep my address current with the Fund and respond to the Annual Attorney Registration Statement and *Pro Bono* Assignment Questionnaire.

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: \_\_\_\_\_