

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, although not engaged in private practice in the State of New Jersey, I maintain an active license to practice law before the highest court of this State." 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 and Payment.

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: _____