

**BEFORE THE SUPREME COURT OF OHIO  
OFFICE OF ATTORNEY SERVICES**

In the Matter of the Reinstatement of

\_\_\_\_\_  
To the Practice of Law

**APPLICATION FOR  
CLE REINSTATEMENT**  
(Gov. Bar R. X)

I hereby submit an Application for Reinstatement to the Practice of Law in accordance with Gov. Bar R. X. In conformity with Gov. Bar R. X and the order of suspension entered against me, I am submitting each of the following (check each item being submitted):

- Proof of payment of all sanctions issued against me by the Supreme Court of Ohio and the Commission on Continuing Legal Education (“Commission”).
- Proof of completion of the required number of continuing legal education hours to remove any hour deficiency.
- Proof of completion of one hour of continuing legal education for every month, or portion of a month, of the suspension, which includes one credit hour of instruction related to professional conduct required by Gov. Bar R. X, Sec. 3(B), for every six months, or portion of six months, of the suspension.
- Proof of current attorney registration under Gov. Bar R. VI (“Registration of Attorneys”). (Note: If you are currently suspended under Gov. Bar R. VI, you must also submit a complete Application for Reinstatement under Gov. Bar R. VI.)
- Reinstatement fee of \$300 by check or money order, payable to “The Supreme Court of Ohio.” No cash or credit card payments accepted.

I understand that I will not be reinstated to the practice of law until such time as I submit all required documents and payments and the Commission issues an order of reinstatement. I further understand that reinstatement to the practice of law under Gov. Bar R. X shall not affect any disciplinary action or other sanctions that may have been entered against me by the Supreme Court under either the Supreme Court Rules for the Government of the Bar or the Supreme Court Rules for the Government of the Judiciary. I certify that the information I am providing on this application is true and accurate. I further certify that I have complied with the order of suspension entered against me on

\_\_\_\_\_  
(date of suspension order)

\_\_\_\_\_  
*Name of Respondent*

\_\_\_\_\_  
*Attorney Registration Number*

\_\_\_\_\_  
*Signature of Respondent*

\_\_\_\_\_  
*Date*

*Return to: Supreme Court of Ohio, Office of Attorney Services, 65 S. Front St, 5<sup>th</sup> Floor, Columbus, OH 43215*