

Commonwealth of Puerto Rico  
GENERAL COURT OF JUSTICE  
Supreme Court of Puerto Rico

\_\_\_\_\_ *Ex Parte*

Re: Inactive Attorney

\_\_\_\_\_ Supreme Court Number (RUA)

**APPLICATION FOR CHANGE TO INACTIVE ATTORNEY STATUS  
IN THE MASTER ROLL OF ATTORNEYS**

To the Honorable Court:

Comes now \_\_\_\_\_  
and respectfully states and prays that:

1. I am an attorney admitted to practice law in Puerto Rico by the Supreme Court of Puerto Rico.

2. I request a change to inactive attorney status in the Master Roll of Attorneys for the following reasons:

a.  Non-practicing attorney  
I have not practiced law since \_\_\_\_\_ .  
(month and year)

b.  Attorney practicing in another jurisdiction  
I have been practicing law in the jurisdiction of \_\_\_\_\_ ,  
since \_\_\_\_\_ , and I have no pending  
(month and year)  
legal matters nor do I render services in the jurisdiction of Puerto Rico.  
Likewise, my practice in said jurisdiction is not by virtue of my license as  
an attorney in Puerto Rico, and I am not required to retain active attorney  
status in this jurisdiction.

c.  Retired  
I have fully retired from the practice of law since  
\_\_\_\_\_  
(month and year)

d.  Incapacitated by reason of illness  
I have not practiced law since \_\_\_\_\_  
(month and year)  
because I am incapacitated due to a health condition that precludes me  
from practicing law.

3. On this date:

I do not have active notary status in the Office of the Clerk of the Supreme Court.

I have submitted my application for cessation to the Office of Notarial Inspection [ODIN, by its Spanish acronym].

4. At the time of applying for this change in status:

There are no active disciplinary proceedings against me before the Supreme Court.

There are active disciplinary proceedings against me before the Supreme Court, which are the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supr. Ct. No. \_\_\_\_\_

5. If I had any clients, on this date I have complied with the Canons of Professional Ethics, 4 LPRA App. IX, regarding withdrawal from legal representation.
6. I understand that I cannot practice law in Puerto Rico while I am an inactive attorney until I apply for and am granted authorization by the Supreme Court to reactivate my license to practice law. I understand that practicing includes performing acts that require authorization to practice the legal or notarial profession, engaging in the practice of law, or holding office in another jurisdiction using the Puerto Rico license and rendering services which entail the employment of legal knowledge and skills, such as representing clients in adjudicative forums or advising on legal matters. Likewise, I am aware that an attorney practices law even when such acts are performed or such services are rendered in the discharge of a public office, whether infrequently, or where no fees are charged therefor.
7. I understand that if I apply to reactive my license to practice law, I will have to comply with the requirements of the Continuing Legal Education Program, as determined by the Supreme Court.
8. I will notify any change in my mailing or physical address, phone number, fax and email address in the Master Roll of Attorneys (RUA) as required by Rule 9(j) of the Rules of the Supreme Court of Puerto Rico.
9. All the above information is true, correct, and verifiable. Likewise, I am aware that any falsehood or fraud that may be discovered in connection with the content of this application could lead to disciplinary proceedings before the Supreme Court.

In \_\_\_\_\_, Puerto Rico, this \_\_\_\_\_ day of \_\_\_\_\_ .

\_\_\_\_\_  
*Name of Attorney*

\_\_\_\_\_  
*Signature of Attorney*

Mailing adress:

Physical adress:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
E-mail