

Office of Bar Counsel  
515 5<sup>th</sup> Street, N.W.  
Building A, Room 117  
Washington, D.C. 20001

To Whom It May Concern:

I request a certificate concerning discipline. A check payable to the D.C. Bar in the amount of \$20.00 is attached along with my self-addressed, postage-prepaid envelope. I authorize the Office of Bar Counsel to reveal information regarding complaints filed against me, including any complaint that might be confidential, such as those pending or dismissed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Bar Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires