

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

**Certification of Retirement -
Legal Services Volunteer
For The Calendar Year _____**

The retired 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:
Print Name

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 "retired completely from the practice of law" in every jurisdiction. I understand that attorneys are not exempt from payment solely by virtue of being out-of-state or exempt from *pro bono* assignment;
3. My only participation in any aspect of legal practice is by providing qualifying pro bono service as defined by *R. 1:21-11(a)* for Legal Services of New Jersey and the associated legal regional programs; for a certified organization under *R. 1:21-11(b)*, or for an organization otherwise approved by the Supreme Court.
4. Other than as stated in paragraph 3, the employment in which I engage is not in any way related to the practice of law. I do not draft or review, if any, legal documents, render advice on the law or legal assistance, teach law, or serve in a court system in any capacity, **in any jurisdiction**. This is an accurate description of my activities at least since January 31 of the year for which exemption is sought;
5. I understand that I have an ongoing duty to immediately inform the Fund if I no longer qualify for the exemption granted;
6. I understand that I will remain officially retired until I inform the Fund otherwise;
7. I understand that it is my obligation to keep my address current with the Fund and to respond to the Annual Attorney Registration and Billing Form.

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: _____