



Supreme Court of New Jersey Request for Exception from Electronic Attorney Registration and Payment

For Office Use Only

Received Date
Reviewed By and Date
____/____/____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied

The Supreme Court of New Jersey has directed that New Jersey attorneys with a plenary license or a limited, in-house counsel (IHC) license must complete their annual attorney registration electronically. Although attorneys may qualify for an exception, the Judiciary encourages all attorneys to register electronically. For assistance or questions related to the annual attorney registration and billing, contact the NJ Lawyers' Fund for Client Protection at 855-533-FUND (3863) (select option 2); or CPF.Mailbox@judiciary.state.nj.us.

For a copy of an approved request, include a self-addressed stamped envelope (SASE). Without a SASE, only notifications of denied requests will be mailed. Attorneys whose requests are approved will receive a paper registration and payment form when forms are available, approximately 3 weeks after electronic registration opens.

INSTRUCTIONS

1. Please return the completed form no later than December 15 to request an exception.
2. Please type or print clearly. An asterisk (*) indicates a required field.
3. Approved exceptions carry forward until you either register electronically or are no longer entitled to the exception.
4. These exceptions do not apply to requirements for Continuing Legal Education (CLE) and/or pro bono.
5. Please do not make any changes to this form. Incomplete or altered forms will be returned to the attorney.
6. Mail the completed form to: **NJ Lawyers' Fund for Client Protection
PO Box 961
Trenton, NJ 08625-0961**

*Attorney: Last Name	*First Name	MI	*NJ Attorney ID Number
*Billing Address: Street	PO Box or Apt.	*City	*State *Zip Code
Email Address (up to 60 characters)		*Telephone Number (including area code)	

* I hereby request exception from the requirement that I complete my annual attorney registration electronically for the following reason(s) (select all that apply):

I was admitted to the practice of law in **New Jersey** on or before December 31, 1965.

I have a good standing status of Disability Inactive (*Rule 1:20-12*).

I have a verifiable medical condition or disability that causes me to be unable to use or have access to a computer. (Please do not send any supporting documentation.)

I am located in a geographic area or facility where no internet access is possible or allowed.
Identify location: _____

I hereby 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 attorney discipline.

* Signature of Attorney

*Date