

Current Professional Memberships:
(Include awards from organizations listed.)

<u>Role</u>	<u>Organization</u>	<u>Office Held</u>	<u>From</u>	<u>To</u>	<u>Award</u>	<u>Year</u>

Creative works & publications, professional meetings and seminars in which you participated:
(e.g.: books or journals, patents; include awards for works listed; mention published articles but do not include article titles.)

<u>Role</u>	<u>Type of Work</u>	<u>Title</u>	<u>Year</u>	<u>Award</u>	<u>Year</u>

Personal Information: (Please list the name, firm/employer name and business address for any spouse, child or parent who is a licensed attorney in Michigan.)

References (Two current members of the State Bar of Michigan):

_____	Telephone #: _____
_____	Telephone #: _____

AUTHORIZATION: I hereby authorize the Michigan Attorney Grievance Commission to disclose the substance of information concerning alleged attorney misconduct resulting in investigations of my conduct. I understand that such disclosure may be made to the Attorney Discipline Board as a Court authorized attorney disciplinary agency under MCR 9.126(E)(3). I understand that any information disclosed to the Attorney Discipline Board will not be examined by or disclosed to anyone except members and authorized employees of the Board.

Signature: _____ Date: _____

=====

UPON COMPLETION, PLEASE SUBMIT FORM TO:

**MICHIGAN ATTORNEY DISCIPLINE BOARD
211 W. FORT STREET, STE. 1410
DETROIT, MI 48226**

=====