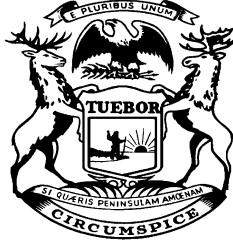


STATE OF MICHIGAN
ATTORNEY DISCIPLINE BOARD



Request for Certificate of Disciplinary History

\$10 fee for each Certificate

Date: _____ # of Discipline Certificates: _____

Name: _____

Bar No.: P _____ Phone: _____

Address: _____

Address: _____
(Where certificate
should be sent) _____

Payment Method: Check/Money Order (payable to the **Attorney Discipline System**)

Credit Card # _____

VISA MASTERCARD

Exp. Date: _____ CSC #: _____
(3 digit no. on back of card)

Amount \$ _____

Name on Credit Card: _____

Signature: _____

Fax order form to (313) 963-5571 with credit card information
OR

Mail check/money order to:
Attorney Discipline Board
333 W. Fort St., Ste. 1700
Detroit, MI 48226

For any questions, please call (313) 963-5553