

APPENDIX A - REQUEST FOR VOLUNTARY CLE NONCOMPLIANCE STATUS

Effective Date: 8/1/2025

Name: _____
Address: _____
E-Mail: _____

I certify I will no longer be actively practicing law in North Dakota and request that I be placed on voluntary CLE noncompliance status. I have reviewed [Rule 4\(b\)](#) of the North Dakota Rules for Continuing Legal Education and understand: 1) I will no longer be licensed to practice law in North Dakota; and 2) the ethical obligations associated with my voluntary CLE noncompliance status. I also certify that I am not subject to any disciplinary proceedings or investigations in any jurisdiction.

_____ I would like the Lawyers page to reflect I am retiring from the practice of law. I understand my license record with the Board of Law Examiners will indicate voluntarily not licensed due to CLE noncompliance.

Dated this _____ day of _____, 20____.

Signed by: _____

Subscribed to and sworn before me this _____ day of _____, 20____.

Notary Public
My commission expires: _____

(Adopted on an emergency basis August 17, 1993; amended and re-approved February 2, 1994; amended effective November 1, 2000; amended effective July 1, 2025.)