

ATTORNEY REGISTRATION
CHANGE OF INFORMATION

JD-GC-10 Rev. 2-2001 Pr. Bk. 2-27

STATE OF CONNECTICUT
JUDICIAL BRANCH

FOR QUESTIONS, CALL
 (860) 568-5157
 www.jud.state.ct.us

INSTRUCTIONS

- (1) Use this form to report any changes to information previously submitted pursuant to Practice Book Section 2-27.
- (2) To report ANY changes, Sections 1 through 3 must be completed in their entirety on the left side using the same information that was last reported.
- (3) For address changes or corrections, complete Section 1 in its entirety in the shaded area on the right. For Sections 2 and 3, enter any corrections on the right. If extra space is needed, use back.
- (4) For Section 4, enter the account information last reported on the left. Enter new account information or changes on the right.

Enter All Previously Registered Information Here	Enter New Information Here
SECTION 1 (NAME OF ATTORNEY, PRIMARY LAW OFFICE: Firm name and office address)	NAME OF ATTORNEY (Include proof of name change)
FIRM OR BUSINESS NAME	FIRM OR BUSINESS NAME
OFFICE ADDRESS (Number and street) P.O. BOX	OFFICE ADDRESS (Number and street) P.O. BOX
CITY STATE ZIP CODE	CITY STATE ZIP CODE
JUDICIAL DISTRICT(S) OF LAW OFFICE(S) (For Atty's with Connecticut addresses only)	JUDICIAL DISTRICT(S) OF LAW OFFICE(S):
DATE OF BIRTH (Mo., day, yr.) JURIS NO.	DATE OF BIRTH (Mo., day, year)
HOME ADDRESS (No., street, city, state, zip code), IF DIFFERENT FROM ABOVE	HOME ADDRESS (No., street, city, state, zip code)

2. THE FOLLOWING IS A LIST OF ALL OTHER JURISDICTIONS WHERE I HAVE EVER BEEN ADMITTED TO PRACTICE AS A LAWYER: (STATES AND DISTRICT OF COLUMBIA ONLY)

	YEAR	STATE	YEAR	STATE	YEAR	STATE		YEAR	STATE	YEAR	STATE	YEAR	STATE
<input type="checkbox"/> NONE							<input type="checkbox"/> NONE						

3. I ENGAGE IN THE PRIVATE PRACTICE OF LAW IN THE STATE OF CONNECTICUT:

<input type="checkbox"/> YES <input type="checkbox"/> NOT AT ALL	<input type="checkbox"/> YES <input type="checkbox"/> NOT AT ALL
--	--

4a. I, INDIVIDUALLY OR THROUGH THE FIRM WITH WHICH I AM ASSOCIATED, MAINTAIN THE FOLLOWING PRIMARY TRUST ACCOUNT AS DEFINED IN P.B. 2-28 IN THE FINANCIAL INSTITUTION SPECIFIED BELOW: (To be completed only if answer to 3 is "yes".) (If no account is maintained, leave blank; Associate and Of Counsel list firm information.)

PRIMARY ACCT. NO.:		PRIMARY ACCT. NO.:	
FINANCIAL INSTIT.:		FINANCIAL INSTIT.:	
CITY:		CITY:	

4b. I DO NOT MAINTAIN A TRUST ACCOUNT ("X" here)

5. I, INDIVIDUALLY OR THROUGH THE FIRM WITH WHICH I AM ASSOCIATED, PARTICIPATE IN IOLTA (Interest on Lawyers' Trust Account) PURSUANT TO RULE 1.15 OF THE RULES OF PROFESSIONAL CONDUCT: YES NO

CERTIFICATION

I certify that the information provided is true. If any statements are willfully false, I realize I am subject to discipline by the Superior Court.

ATTORNEY'S SIGNATURE

DATE

X

Retain a copy for your records and mail original to:

**STATEWIDE GRIEVANCE COMMITTEE, ATTORNEY REGISTRATION,
 2nd Floor, Suite Two, 287 Main Street, East Hartford, CT 06118-1885**