

**INSTRUCTIONS FOR PETITIONERS FOR REINSTATEMENT
FROM INACTIVE STATUS OR ADMINISTRATIVE SUSPENSION
SHORT FORM**

Revised December 2025

Procedure

Pursuant to 27 N.C.A.C. Chapter 1D, Rules .0902 and .0904 of the NC State Bar Rules, petitions for reinstatement from inactive status or administrative suspension (for failure to fulfill membership or CLE requirements) are reviewed by the Administrative Committee and approved by the NC State Bar Council. The committee and the council meet quarterly in January, April, July, and October.

Instructions

1. Print or type your responses on the petition. Date and sign the petition before a notary.
2. Pay the appropriate reinstatement fee:
\$125.00 if inactive (payable to the NC State Bar)
\$125.00 if suspended for failure to pay membership fees (payable to the NC State Bar)
\$250.00 if suspended for failure to complete CLE requirements (payable to the NC Board of CLE)
3. Pay the **membership fees** for the year you are reinstating: **\$325.00 for 2026** (payable to the NC State Bar). Note: Pursuant to 27 N.C.A.C. Chapter 1A, Rule .0202(c), membership fees cannot be prorated. If suspended, pay any other membership, CLE, or grievance fees you may owe.
4. Complete any deferred CLE hours if inactive or any CLE hourly deficit owed at the time of suspension. Pay the **annual CLE attendance fee: \$25.00 for 2026** (payable to the NC Board of CLE).
5. Mail the petition, payments, and any supporting documentation to:

NC State Bar
Membership
Department PO Box
26088 Raleigh, NC
27611

Or Physical Address:

NC State Bar
Membership
Department 217 E.
Edenton Street Raleigh,
NC 27601

Submit the petition at least **30 days prior** to the quarterly meeting of the State Bar Council at which you are requesting the Council to act on the petition.

Contact Kelly Beck at kbeck@ncbar.gov with questions about your reinstatement requirements.



THE NORTH CAROLINA STATE BAR

REINSTATEMENT PETITION (Short Form)

For Lawyers Who Have Been Inactive or Suspended For 12 Months or Less

All responses are to be based on your knowledge, unless your response is expressly qualified to show another source of your information. Answer all questions. If the space for any answer is insufficient or an explanatory statement is required, complete your answer on a separate sheet and attach it to the petition. **Review the instruction page (attached to this petition) prior to submitting your petition to ascertain that you have met all requirements for reinstatement. PLEASE TYPE OR PRINT YOUR ANSWERS LEGIBLY.**

Petitioner's Questionnaire and Affidavit

1. State:

(a) Full name _____

(b) Current mailing address:

Street _____

City _____ State _____ Zip _____

(c) Telephone numbers: Work _____

Home _____ Mobile _____

(d) E-Mail Address _____

(Please check your e-mail for correspondence concerning your reinstatement petition.)

(e) Have you ever been known by any other name or surname (include any name prior to marriage)?
_____ If so, list all other names and the dates and locations where such names were used.

(f) Date of birth _____ Birthplace _____ Age _____

(g) Are you licensed to practice law in another state(s)? If so, what state(s) and what is your current status in that state:

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ID # _____ License date _____ Date inactive / suspended _____

Reinstatement fee owed _____ Pd. _____

Membership fees owed _____ Pd. _____

JD dues owed _____ Pd. _____

CLE fees owed _____ Pd. _____

Other matters pending _____

CLE hours	PWB	Ethics	Tech	Total
Deficit				
Completed				

2. During the time you were inactive or suspended, indicate whether you were: **(You must answer YES or NO to each question below)**

- (a) Engaged in the practice of N.C. law **after** the 30 day wind-down period or anytime while the suspension or inactive status was in effect _____
- (b) Disciplined by a professional licensing organization _____
- (c) Have any disciplinary complaints, investigations or actions pending before a professional licensing organization _____
- (d) Disciplined (including criminal or civil contempt) by a tribunal _____
- (e) Convicted of a violation of law (excluding infractions in which appearance may be waived by paying a fine) _____
- (f) Failed to file and/or pay your state or federal taxes on time _____
- (g) Declared legally incompetent _____
- (h) Impaired¹ from a mental health disorder _____
- (i) Impaired from the use of alcohol or drugs _____

IF YOU ANSWERED “YES” TO ANY OF THE ABOVE, ATTACH RELEVANT DOCUMENTS (including any court order or order of discipline) AND AN EXPLANATORY STATEMENT PROVIDING SPECIFIC INFORMATION.

3. State the reason you desire readmission to the North Carolina State Bar and provide an explanation of your anticipated employment.

4. Is there any reason why your resumption of the practice of law may be detrimental to the integrity and standing of the Bar, or subversive of the administration of justice or the public interest? _____

If your answer is YES, provide an explanation including a description of any relevant conduct.

By executing this petition, you acknowledge that you have answered each question truthfully and completely.

Signature

Date

Sworn to and subscribed before me this
_____ day of _____, _____.

Notary Public

My commission expires: _____

¹ “Impaired” or “impairment” means limited in your ability to carry on any life activities to an extent that would have adversely affected your ability to practice law. The ability to practice law requires, among other attributes, an accurate perception of reality, honesty, and the capacity to comprehend facts and circumstances, to reason logically, to communicate, to recognize and appropriately resolve ethical dilemmas, and to perform legal tasks in a timely manner.

Authorization and Consent to Release Information

Name: _____

I hereby consent to the disclosure of any information relating to any grievance filed against me with the Grievance Committee of the North Carolina State Bar and authorize the release of any information relating thereto to the Administrative Committee of the North Carolina State Bar for the purpose of evaluating this petition for reinstatement.

I understand that I may revoke this consent to release information in writing at any time, except to the extent that action has been taken in reliance thereon. I agree that the Administrative Committee of the North Carolina State Bar will be notified upon any revocation of this release.

Signature

Date