

# Louisiana Attorney Disciplinary Board

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Metairie, Louisiana 70002

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<http://www.ladb.org>



## **Application for Reinstatement or Readmission**

A petition for reinstatement or readmission must be under oath or affirmation under penalty of perjury and shall specify with particularity the manner in which the lawyer meets each of the criteria specified in paragraph E [of Rule XIX, Section 24] or, if not, why there is good and sufficient reason for reinstatement or readmission. The petition for reinstatement or readmission is public record. An application for reinstatement or readmission also drafted under oath or affirmation under penalty of perjury, shall also be submitted by the lawyer. Part I of the application containing general personal, employment and legal information about the lawyer is public record, while Part II of the application containing financial, federal and state tax, and medical information about the lawyer shall remain confidential and placed under seal by the Board Administrator. Part II of the application shall be accessible to an interested party only upon good cause shown to the Board or to the Court.

*Louisiana Supreme Court Rule XIX, Section 24(B).*

**Application for Reinstatement or Readmission  
Part I  
(Public Record)**

**Discipline Information:**

Date Discipline Imposed: \_\_\_\_\_

If there was a reported opinion, list the volume and page number: \_\_\_\_\_

**Personal Information:**

Name of petitioner: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

List the following information for each dependent:

<b>Name</b>	<b>Date of Birth</b>	<b>Address</b>



**Employment Information:**

List the following information for each employer, associate or partner of the petitioner during the period of discipline (*if more space is needed, this sheet may be photocopied*):

<b>Name, Address and Telephone Number of Employer:</b>	
<b>Dates of Employment:</b>	<b>Position/Title:</b>
<b>Name, Address and Telephone Number of Immediate Supervisor:</b>	
<b>Reason for Leaving:</b>	
<b>Name, Address and Telephone Number of Employer:</b>	
<b>Dates of Employment:</b>	<b>Position/Title:</b>
<b>Name, Address and Telephone Number of Immediate Supervisor:</b>	
<b>Reason for Leaving:</b>	

**Information pertaining to civil or criminal action(s):**

List every civil or criminal action which pended during the period of discipline to which petitioner was either a party or claimed an interest. *(Include all claims or applications filed or made on behalf or against petitioner which may or may not have resulted in a civil or criminal action and the status of each claim and any settlement or agreement as to the disposition of the matter. These types of claims include but are not limited to the following: claims for disability benefits, worker's compensation benefits, professional liability insurance, and personal and property insurance. If more space is needed, this sheet may be photocopied):*

<b>Case Caption</b>	<b>General Nature</b>	<b>Dates</b>	<b>Disposition</b>

*Petitioner must grant written consent to the Office of Disciplinary Counsel to examine and secure copies of any records relating to any criminal investigation of petitioner, including but not limited to grand jury minutes, pre-sentence investigations, and probation and parole records. (See page 14).*

**Information pertaining to the practice of law:**

During the discipline period, did the petitioner apply for admission or reinstatement to practice as an attorney in any court or jurisdiction? Yes No

If yes, provide the following information:

Caption: \_\_\_\_\_

Details of application or petition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

During the period of discipline did the petitioner engage in the practice of law in any jurisdiction? Yes No If yes, list all material facts relating to this practice below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_













List the following information for all financial institutions at which petitioner had, or was signatory to, accounts, safety deposit boxes, deposits or loans during the period of discipline:

Name of financial institution	Address of financial institution	Account number of account, box, deposit or loan	Date account, box, deposit or loan was opened	Date account, box, deposit or loan was closed, discharged or paid

*Petitioner must grant written consent to Office of Disciplinary Counsel to secure copies of all statements, records of accounts, cancelled checks and loan records in the financial institutions listed. See page 14.*

The petitioner must also provide the following additional financial information:

- (1) Copies of petitioner's federal and state income tax returns for each of the five years immediately preceding the date this petition is filed;
- (2) For each year, or part of a year, during the period of discipline and, in an appropriate form, petitioner's written consent to the Office of Disciplinary Counsel to secure copies of the original returns. In the event that no tax returns were filed, petitioner should submit proof of exemption from the payment of income tax for the years in question; and,
- (3) Copies of other tax returns, individual, partnership, corporate or fiduciary, which petitioner is entitled to inspect pursuant to the provisions of the Internal Revenue Code and appropriate state laws or regulations and, in an appropriate form, petitioner's written consent to the Office of Disciplinary Counsel to secure copies of the original returns.

**Emotional Disorder/Addiction/Substance Abuse Information:**

During the period of discipline, did the petitioner seek or obtain assistance, consultation, or treatment for a mental or emotional disorder or for addiction to drugs or alcohol?

Yes  No If yes, provide the following information:

Name of Provider	Address of Provider	Services Rendered	Duration	Purpose

During the period of discipline, was the petitioner admitted to any institution, as an in-patient or outpatient, for a mental or emotional disorder or for addiction to drugs or alcohol?  Yes  No If yes, provide the following information:

<b><u>Name and Address of Institution:</u></b>		
<b><u>Date of Admission:</u></b>	<b><u>Date of Discharge:</u></b>	<b><u>Purpose of Admission:</u></b>
<b><u>Diagnosis Reached:</u></b>		<b><u>Treatment Rendered:</u></b>

Petitioner must attach copies of all medical records, reports and records relating to the services referred to in the above section and grant consent to the Office of Disciplinary Counsel to secure copies of all reports and records relating to the services referred to in the above section. See page 14.

**AFFIDAVIT**

State of Louisiana

Parish of \_\_\_\_\_

Before me, the undersigned authority, came and appeared

\_\_\_\_\_

who, after being duly sworn, did state as follows:

That he/she is the petitioner in the foregoing Application for Reinstatement or Readmission;

That all of the information contained in the foregoing Application for Reinstatement or Readmission is true and correct to the best of his/her knowledge;

That he/she hereby grants to the Office of Disciplinary Counsel the specific authority to examine and secure copies of any records relating to any criminal investigation of petitioner, including but not limited to grand jury minutes, pre-sentence investigations, and probation and parole records; to examine and secure copies of all statements, records of accounts, cancelled checks and loan records in the financial institutions listed in the foregoing Application for Reinstatement or Readmission; and to examine and secure copies of all reports and records relating to any emotional disorder, addiction and/or substance abuse services listed in the foregoing Application for Reinstatement or Readmission; and

That he/she agrees that a copy of this authorization may be submitted by the Office of Disciplinary Counsel to secure these records in lieu of an original.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Witness

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public