



LOUISIANA ATTORNEY DISCIPLINARY BOARD

OFFICE OF DISCIPLINARY COUNSEL

4000 S. Sherwood Forest Blvd.

Suite 607

Baton Rouge, LA 70816

(225) 293-3900 or (800) 326-8022

RULE 5.5e EMPLOYMENT REGISTRATION STATEMENT

(Pursuant to Rule 5.5e of the Louisiana Rules of Professional Conduct, a lawyer shall not employ, contract with as a consultant, engage as an independent contractor, or otherwise join in any other capacity, any person the attorney knows or reasonably should know is a suspended attorney or an attorney who has been transferred to disability inactive status, during the period of suspension or transfer unless first preceded by the submission of a fully executed *Employment Registration Statement* to the Office of Disciplinary Counsel.)

1. Information on the Suspended/Disabled Attorney Sought to be Hired:	
Name:	Bar roll number
Address:	
2. Information on Attorney Having Direct Supervisory Responsibility:	
Name:	Bar roll number
Address:	
3. Duties and Activities to be Assigned to the Suspended/Disabled Attorney Throughout the Duration of the Employment Affiliation:	
4. Terms of Employment Including Method of Compensation:	
Terms of Employment: (Will suspended/disabled attorney be an employee, independent contractor, other, etc; full time or part time; hourly or salary; etc.?)	
Compensation: (What is the method and amount of compensation to be paid to the suspended/disabled attorney?)	

The undersigned is the attorney having direct supervisory responsibility over the suspended/disabled attorney identified in this Employment Registration Statement. I certify that I have read fully the order of the Louisiana Supreme Court suspending the proposed employee from the practice of law and have given it appropriate consideration in advance of offering employment to the suspended attorney. I agree and consent to random compliance audits to be conducted by the Office of Disciplinary Counsel at any time during the employment or association of the suspended attorney. I certify that upon termination of the employment relationship with the suspended/disabled attorney, I will promptly serve upon the Office of Disciplinary Counsel written notice of the termination.

Name of Supervising Attorney (Print or type)

Signature of Supervising Attorney

Bar Roll # of Supervising Attorney

Date