

FOR SBN USE

THE STATE BAR OF NEVADA

Member Services

3100 W. Charleston Blvd., Ste. 100

Las Vegas, NV 89102

(702) 382-2200 or memberservices@nvbar.org



Voluntary Request for SCR 93.6 Transfer to Inactive Status

Inactive fee, \$125, and disclosures are due annually January 1st.

If you are a fee exempt attorney, please do not include payment.

This form will not be used to change your contact/address information.

Bar No.: _____ Attorney Name: _____

Phone Number: _____ E-mail: _____

SCR 79 Address _____ City _____ State _____ Zip _____

I request that I be transferred to **Inactive status** with the State Bar of Nevada, effective* ____ / ____ / ____.

We will not be able to back-date your effective date. I am currently an active member in good standing. I understand that while on inactive status, I am not entitled to practice law in the State of Nevada in accordance with SCR 93(4). Status change will be effective upon receipt of this form if an effective date is not provided. **While on Inactive status, you are still required to submit license fees and annual disclosures.**

- **Going Inactive after January 1st & have not practiced law: submit original request form, affidavit, and \$125 before March 1st to avoid a late fee.**
- **Going Inactive after January 1st & have practiced law in the same calendar year: submit original request form and active license fee before March 1st to avoid a late fee.**
- **Going Inactive after March 1st : submit original request form and active license fee plus the late fee if not already paid.**

As an inactive member, you are required to maintain SCR 79 contact information, submit annual fees and disclosures.

Dated this _____ day of _____, 20_____

SIGNATURE: _____

***If you are changing your status at the end of the year, consider your effective date carefully. If you choose January 1 or later, you will be required to comply with MCLE rules for the prior year. If you choose December 31 or earlier, you will not be required to comply with MCLE rules for the current year.**

If your address is also changing, please update your information via your online account.

Contact Member Services at 702-382-2200 or by email at memberservices@nvbar.org with questions.

AFFIDAVIT

I _____, under penalty
Print Name
of perjury, depose and say as follows:

That I have/will not practice(d) law in the State of Nevada in the year 20_____. (Fill in the calendar year of your effective date).

Please select the correct item below to sign and date.

If executed in Nevada: “I declare under penalty of perjury that the foregoing is true and correct.”

Executed on _____

Attorney Signature _____

If executed outside of the state of Nevada, except as otherwise provided in NRS 53.250 to 53.390, inclusive, “I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.”

Executed on _____

Attorney Signature _____