

FOR SBN USE

THE STATE BAR OF NEVADA

Member Services Department
3100 W. Charleston Blvd., Ste. 100
Las Vegas, NV 89102
(702) 382-2200 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 information.

Bar No.: _____ Member 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 ____ / ____ / ____.
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 full active license fee before March 1st to avoid a late fee.**
- **Going Inactive after March 1st: submit original request form and full active license fee plus the late fee if dues have not already been 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: _____

Affidavit is not required if submitted & effective prior to the year in which you are requesting inactive status.

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

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

AFFIDAVIT

I _____, under penalty
Print Name

of perjury, being first duly sworn, depose and say as follows:

That I have not practiced Law in the State of Nevada in the year 20_____. (Fill in the calendar year of your effective date).

Member Signature

Dated this _____ day of _____, 20_____.

SUBSCRIBED AND SWORN to

Before me this _____ day of _____, 20_____.

NOTARY PUBLIC