



State Bar of Georgia

Official Petition Disabled Class of Membership

**TO: Executive Committee
State Bar of Georgia**

I, _____, State Bar Member # _____, currently a member in good standing of the State Bar of Georgia, do hereby petition the Executive Committee to allow me to elect the Disabled Class of Membership pursuant to the Rules and Regulations for Organization and Government of the State Bar of Georgia, (Part I, Chapter 2, Rule 1-202).

I also certify, under oath, that I meet the requirements outlined in the Rule below and have attached a copy of a recent applicable document in support of my change in class of membership.

Rule 1-202. Classes of Members

(e) **Disabled Members.** Any member of the State Bar of Georgia may petition the Executive Committee for disabled status provided the member meets one of the following criteria:

- (1) the member has been determined to be permanently disabled by the Social Security Administration; or
- (2) the member is in the process of applying to the Social Security Administration for permanent disability status; or
- (3) the member has been determined to be permanently disabled or disabled for a period in excess of one year by an insurance company and is receiving payments pursuant to a disability insurance policy; or
- (4) the member has a signed statement from a medical doctor that the member is permanently disabled, or disabled for a period in excess of one year, and unable to practice law.

Upon the Executive Committee's granting of the member's petition for disability status, the disabled member shall be treated as an inactive member of the State Bar of Georgia and shall not be privileged to practice law. A member holding disabled status shall not be required to pay dues or annual fees. A disabled member shall continue in such status until the member requests reinstatement by written application to the membership department of the State Bar of Georgia. I understand that upon acceptance of this petition by the Executive Committee by majority vote, I will not be eligible to practice law in this state nor will I be required to pay dues.

This the _____ day of _____, 20____.

Signature _____

Address _____

PLEASE RETURN FORM TO:

State Bar of Georgia
Attn: Membership Department
104 Marietta St. NW, Suite 100
Atlanta, GA 30303