

Affidavit of Disabled Status

State of _____,

County of _____

I, _____, swear or affirm that:

- I am currently on active or inactive status (i.e., in good standing)
- I do not hold judicial office in this state
- I am not engaged in the practice of law in Minnesota
- I am totally disabled.

Lawyer ID Number: _____

Signature: _____ Date: _____

Send completed affidavit to:

Minnesota Supreme Court
Lawyer Registration Office
180 East 5th Street
Suite 950
St. Paul, MN 55101

Note: This affidavit cannot be altered in any way.