**OFFICE OF LAWYER REGULATION REINSTATEMENT QUESTIONNAIRE**

Pursuant to SCR 22.29(4x), you must submit a completed Reinstatement Questionnaire to the Director of the Office of Lawyer Regulation (OLR) at the same time you serve the agency with a copy of your Petition for Reinstatement. Do **NOT** file a copy of the completed Reinstatement Questionnaire with the Court.

Your responses should be typed in a document that references the number of the question being answered; the questions themselves need not be typed out. Alternatively, if you have obtained this document electronically in Word format, you can type your responses directly into the document. Your responses must be sworn and notarized and will become a part of the record in your reinstatement proceeding.

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| 1. | Full legal name. |
| 2. | Any other name (s) you have been known by and the approximate dates you were known by the name(s). |
| 3. | Date of birth. |
| 4. | Daytime telephone number. |
| 5. | Email address. |
| 6. | Mailing address. |
| 7. | With regard to your order of revocation or suspension:  (a) Have you paid the costs assessed again you?;  (b) Have you made all restitution?;  (c) Have you complied with all other terms of the order?;  (c) If your answer to (a), (b) or (c) is no, explain why. |
| 8. | Has the Wisconsin Lawyers’ Fund for Client Protection paid any claims on your behalf? If so, for each claim state:  (a) To whom was payment made, in what amount, and when;  (b) If you have repaid the fund and when;  (c) If you have not repaid the fund, why. |
| 9. | During the time of your revocation or suspension, how did you manage funds, if any, held or maintained in any trust account related to your practice of law? Did you retain documentation relating to your handling of the funds? |
| 10. | With regard to your revocation or suspension, describe your compliance with all provisions of SCR 22.26? |
| 11. | During the time of the revocation or suspension of your license, did you engage in in the practice of law or in any law-related activities? If so, provide a description of those activities. |
| 12. | Since your revocation or suspension, have you exhibited any conduct or behavior that could call into question your ability to practice law in a competent manner? |
| 13. | (a) Have you been diagnosed with or do you have any condition or impairment (including but not limited to substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition) that in any way affects your ability to practice law in a competent, ethical, and professional manner?  (b) If your answer to (a) is yes, are the limitations caused by your condition or impairment reduced or ameliorated because you receive or received treatment or because you participate in a monitoring or support program? |
| 14. | Following your revocation or suspension, have you asserted any condition or impairment as a defense, in mitigation , or as an explanation for your conduct in the course of any inquiry, any investigation, any administrative proceeding, any court proceeding, or to an educational institution, government agency, professional organization, or licensing authority or in connection with an employment disciplinary or termination procedure? |
| 15. | If you have been admitted to practice law in any jurisdiction other than Wisconsin, for each jurisdiction state:  (a) The date of admission;  (b) The current status of your license and, if it is other than active and good standing, an explanation as to why;  (c) If you notified the jurisdiction of the suspension/revocation of your license to practice law in Wisconsin;  (d) If you have ever been disciplined and, if so, a citation to the disciplinary order and a description of the misconduct leading to the discipline. |
| 16. | If you have held or currently hold a professional license other than a license to practice law state:  (a) The type of license(s) and the date you were licensed;  (b) The name and address of the licensing authority;  (c) The current status of the license(s);  (d) If there has ever been an investigative, administrative, or judicial proceeding relating to that licensure and, if so, the outcome of that proceeding. |
| 17. | For all paid employment you held during the time of your suspension or revocation state:  (a) The name, address, telephone number, and email address of your employer;  (b) The dates of your employment;  (c) Your job title;  (d) A description of your job duties.  (e) Your reason for leaving the employment;  (f) An explanation of any gaps in employment exceeding three months. |
| 18. | For all non-paid activities you engaged in during the time of your suspension or revocation, including but not limited to volunteer positions, educational pursuits, and family caretaking obligations state:  (a) The name, address, telephone number, and email address of an organization or person who can attest to your engagement in the activity;  (b) A description of the activity;  (c) The dates you engaged in the activity. |
| 19. | For all business activities you engaged in during the time of your suspension or revocation that are not listed in response to 16. and 17. state:  (a) The name under which the business operated;  (b) The nature of the business activity;  (c) Your rol~~e~~ in the business activity;  (c) The names, addresses, telephone numbers, and email addresses of all partners in the business. |
| 20. | Provide copies of your state and federal tax returns for each of the last two years.  If you have not filed tax returns each of the last two years, explain why not and provide the returns for each of the last two years you did file returns. |
| 21. | Excluding the two years for which you are providing returns, have you filed all federal, state, and other tax returns as required by law?  If not, state:  (a) What returns are outstanding;  (b) Why they have not been filed;  (c) Whether or not you owe any past due state or federal taxes and, if so, the amount owed. |
| 22. | For any current debt exceeding $5000, state:  (a) The name of the creditor;  (b) The date(s) the debt was incurred;  (c) An explanation of your plan for repayment of the debt. |
| 23. | Have you ever been charged with a crime? If so, for each instance provide the case name, case number, and final adjudication of the charge(s). |
| 24. | Have you ever been charged with, or issued a citation for, a non-criminal ordinance violation, including traffic violations? If so, for each instance provide the case name, case number, and final adjudication of the matter(s). |
| 25. | Have you ever been a party to a civil action or a small claims action? If so, for each instance provide the case name, case number, and a brief description of the proceeding and its outcome. |
| 26. | Provide the names, addresses, telephone numbers, and email addresses of five (5) references who can testify to your character and conduct since the revocation or suspension of your license and who have an opinion as to your fitness to be reinstated to practice law. |
| 27. | If your petition is granted, how do you intend to use your license to practice law in Wisconsin? Include information regarding where you intend to practice, in what kind of setting, and the areas of law in which you intend to practice. |
| 28. | Describe what led to the misconduct resulting in your revocation or suspension, and what steps you have taken to ensure the misconduct will not recur. |
| 29. | Provide a concise statement as to why you believe your license to practice law should be reinstated. |
| 30. | Provide any other information you believe to be pertinent to the consideration of your petition. |