



State Bar of Georgia

Official Petition Disabled Class of Membership

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

**Return to:
membership@gabar.org**

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 Status 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(e)).

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(s) in support of my change in membership status.

Rule 1-202. Membership Status

(e) **Members Unable to Practice Law Due to Disability.** Any member of the State Bar of Georgia who is temporarily or permanently disabled may submit to the Executive Committee of the State Bar of Georgia a written request to be transferred to Disabled Status. Members who elect this status must submit adequate medical and/or psychological documentation of their disability with the written request. Adequate documentation includes:

- (1) documentation from the Social Security Administration of approval of disability;
- (2) documentation from an insurance company of receipt of benefits based upon disability; or
- (3) documentation from a medical doctor that the member is disabled.

Any request by a member to be transferred to Disabled Status must comply with all of the provisions contained in Article I, Section 10 of the Bylaws of the State Bar of Georgia.

Upon the Executive Committee’s granting of the member’s petition for Disabled Status, the disabled member shall be treated as an inactive member of the State Bar of Georgia and will be listed on the State Bar of Georgia website as “Inactive.” Disabled Status members shall not be privileged to practice law in this state or any other U.S. jurisdiction. A member holding Disabled Status shall not be required to pay dues, or annual fees or complete Continuing Legal Education (CLE) requirements unless reinstated to the active practice of law.

Art. I, Section 10 (reinstatement)

(c) A Disabled Status member may submit a written petition to the Executive Committee for reinstatement to another membership status. The petition must include sufficient information from a medical professional for the Executive Committee to review that professional’s determination that the member’s disability is no longer substantial and/or having long-term effect on his or her ability to carry out normal day-to-day activities. If the member seeks Active status, he or she must provide documentation from a licensed medical professional showing that the member no longer qualifies for Disabled Status. Medical and/or psychological information provided pursuant to this subparagraph is confidential and shall not be disclosed by the Bar absent satisfactory written permission or a court order.

(d) The Executive Committee of the State Bar of Georgia shall consider and act on any petition from a Disabled Status member in disabled status seeking reinstatement to another membership status, taking into account the recommendation of the Executive Director and General Counsel. If there are any grievances or disciplinary matters pending when the Executive Committee receives a petition for reinstatement or if there is credible evidence that the member appears to continue to suffer from a disability, the Executive Committee shall defer consideration of the petition until those issues are fully resolved.

(e) If the Executive Committee approves the petition, the member shall be returned to the membership status of their choice upon payment of the appropriate membership fees, satisfaction of any other required membership obligations, and payment of any outstanding financial obligations to the Bar. Before being reinstated to Active Status, the member must complete Continuing Legal Education for the year reinstatement is being sought.

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 or in any state, district, or territory of the United States nor will I be required to pay dues. I swear that the following is true and correct to the best of my knowledge and belief.

This the _____ day of _____, 20__.

Signature _____

Address _____