

**ATTORNEY REVOCABLE  
RETIREMENT WRITTEN NOTICE**

JD-GC-24 Rev. 3-23  
C.G.S. § 51-81b(g); P.B. §§ 2-27A, 2-55

For information on ADA accommodations, contact a court clerk or go to: [www.jud.ct.gov/ADA](http://www.jud.ct.gov/ADA).

STATE OF CONNECTICUT  
**STATEWIDE GRIEVANCE COMMITTEE**  
JUDICIAL BRANCH  
[www.jud.ct.gov](http://www.jud.ct.gov)



**Instructions**

1. File this form if you want to retire but retain your right to revoke your retirement at any time.
2. Do not file this form if you are the subject of any pending disciplinary investigation.
3. Complete this form and file the original with the Statewide Bar Counsel, 999 Asylum Avenue, Fifth Floor, Hartford, CT 06105. Keep a copy for your records.
4. The Statewide Bar Counsel will notify you of the decision on your request. If the request is granted, the effective date of retirement will be the date the Statewide Bar Counsel received the form.
5. If you wish to revoke this retirement, you must complete form JD-GC-25 and send it to the clerk for the Judicial District of Hartford and the Statewide Bar Counsel.

**To: Statewide Bar Counsel**

Name of Attorney (First, middle, last, suffix)	Connecticut Juris number
Address of Attorney (Number, street, apartment number, city, state and zip code)	

**Pursuant to Section 2-55 of the Practice Book, I hereby request to retire from the practice of law in the State of Connecticut. I understand that upon my retirement, I will be exempt from paying the Client Security Fund fee set forth in Section 2-70 (a) of the Practice Book and the Minimum Continuing Legal Education requirements set forth in Section 2-27A of the Practice Book, but that I must continue to comply with the registration requirements set forth in Sections 2-26 and 2-27 (d) of the Practice Book. I further understand that my retirement does not bar the initiation, investigation and pursuit of disciplinary complaints filed on or after the date of my retirement. I understand that I may continue to engage in uncompensated legal services to clients under the supervision of an organized legal aid society, a state or local bar association project, or a court-affiliated pro bono program.**

Signed (Attorney named above)	Name of person signing at left	Date signed
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<input type="checkbox"/> Approved	Effective date: _____
<input type="checkbox"/> Denied (disciplinary investigation pending)	
_____ Statewide/Assistant Bar Counsel	_____ Date signed