

IOWA SUPREME COURT
CLIENT SECURITY and CLE COMMISSIONS

JUDICIAL BRANCH BUILDING
1111 EAST COURT AVENUE
DES MOINES, IOWA 50319

(515) 348-4670

APPLICATION FOR CERTIFICATE OF EXEMPTION

(Please Type or Print)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

YEAR OF ADMISSION TO PRACTICE IN IOWA: _____

DATE OF BIRTH: _____

I hereby request to be granted a Certificate of Exemption from the requirements of chapter 39 of the Iowa Court Rules. ***I do not practice law in the State of Iowa.*** I fit one or more of the following descriptions:

___ A. I work solely at a job where my Iowa license is not a requirement to hold my position of: _____
with my employer named: _____

___ B. I am licensed in another state and do not practice in Iowa. Name of state or states:

___ C. I am fully retired from the practice of law in all states.

PLEASE COMPLETE BOTH PAGES OF THIS FORM

I understand the term "practice of law" includes the examination of abstracts, consummation of real estate transactions, preparation of legal briefs, deeds, buy and sell agreements, contracts, wills and tax returns as well as the representation of others in any Iowa courts, the right to represent other in any Iowa courts, or to regularly prepare legal instruments, secure legal rights, advise others as to their legal rights or the effect of contemplated actions upon their legal rights, or to hold oneself out to so do; or to be one who instructs others in legal rights; or to be a judge or one who rules upon the legal rights of others unless neither the state nor federal law requires the person so judging or ruling to hold a license to practice law.

I understand that if I practice law in Iowa after a Certificate of Exemption has been issued, such certificate shall be rescinded.

I understand that if I do decide to return to the practice of law in Iowa, I must notify the director of the Office of Professional Regulation approximately thirty (30) days in advance, file the required documents, and pay the required fees for reinstatement to active status.

I understand that if my status changes and I fail to file the required documents and pay the required fees, then I would be engaging in the unauthorized practice of law and would subject myself to being held in contempt of court or disciplined as provided by chapter 35 of the Iowa Court Rules.

Dated this _____ day of _____, 20_____.

Signature

There is no requirement to reapply each year to renew this Certificate; it is valid until rescinded.

Return completed form with a check for \$50.00 payable to "Client Security Commission" to:

Client Security Commission
Judicial Branch Building
1111 East Court Avenue
Des Moines, Iowa 50319