

FOR SBN USE

THE STATE BAR OF NEVADA

Member Services Department  
3100 W. Charleston Blvd., Ste. 100  
Las Vegas, NV 89102  
(702) 382-2200 memberservices@nvbar.org



**Voluntary Request for SCR 98.6 Transfer to Inactive Status**

**Inactive Fee, \$125, And Disclosures Are Due Annually January 1<sup>st</sup>.**

**If you are a fee exempt attorney, please do not include payment.**

This form will not be used to change your contact information.

Bar No.: \_\_\_\_\_ Member Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

SCR 79 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I request that I be transferred to **Inactive status** with the State Bar of Nevada, effective \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_. I am currently an active member in good standing. I understand that while on inactive status, I am not entitled to practice law in the State of Nevada in accordance with SCR 98(4). Status change will be effective upon receipt of this form if an effective date is not provided. **While on Inactive status, you are still required to submit license fees and annual disclosures.**

- **Going Inactive after January 1<sup>st</sup> & have not practiced law: submit original request form, affidavit and \$125 before March 1<sup>st</sup> to avoid a late fee.**
- **Going Inactive after January 1<sup>st</sup> & have practiced law in the same calendar year: submit original request form and full active license fee before March 1<sup>st</sup> to avoid a late fee.**
- **Going Inactive after March 1<sup>st</sup>: submit original request form and full active license fee plus the late fee if dues have not already been paid.**

As an inactive member, you are required to maintain SCR 79 contact information, submit annual fees and disclosures.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Contact the Nevada Board of CLE to ensure compliance, 775-329-4443.

**Affidavit is not required if submitted & effective prior to the year in which you are requesting inactive status.**

If your mailing address is also changing, please use our [change of address form](#).

Contact Member Services Department at 702-382-2200 or by email at [memberservices@nvbar.org](mailto:memberservices@nvbar.org) with any questions.

**AFFIDAVIT**

I \_\_\_\_\_, under penalty  
Print Name

of perjury, being first duly sworn, depose and say as follows:

That I have not practiced Law in the State of Nevada in the year 20\_\_\_\_\_. (Fill in the calendar year of your effective date).

\_\_\_\_\_  
Member Signature

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SUBSCRIBED AND SWORN to

Before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC