

STATE BAR OF CALIFORNIA

**REPORTING FORM FOR BUSINESS AND PROFESSIONS CODE
SECTION 6068(a) SUBSECTION (6)**

For Member Use Only

Name: _____ Bar No.: _____

Address: _____

Telephone No.: _____ Alt. Telephone No.: _____

Please Identify the Disciplinary Agency or Licensing Board that Imposed Discipline:

Case Number: _____ Date of Order: _____

(**Note:** Attach a copy of the subject order and any written statement you wish to make to this reporting form.)

Nature of Discipline Imposed: _____

Effective Date of the Disciplinary Order: _____

Order appealed: Yes ___ No:___ Date Appeal Filed: _____

(**Note:** If appealed, attach a copy of the notice of appeal to this reporting form.)

Date: _____ Signature: _____

Mail Reporting Form to:
Office of the Chief Trial Counsel, Intake
The State Bar of California
1149 S. Hill Street
Los Angeles, CA 90015-2299