

**NOTICE OF TERMINATION OF EMPLOYMENT OF A  
DISBARRED, RESIGNED, SUSPENDED OR INVOLUNTARILY  
INACTIVE MEMBER OF THE STATE BAR OF CALIFORNIA**

Pursuant to rule 1-311, Rules of Professional Conduct, I hereby notify the State Bar of California of termination of employment of \_\_\_\_\_, State Bar member # \_\_\_\_\_, effective \_\_\_\_\_.

Signed by: \_\_\_\_\_ Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_ State Bar member no. \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

**PLEASE MAIL THE COMPLETED FORM TO:**

**INTAKE UNIT, OFFICE OF THE CHIEF TRIAL COUNSEL  
STATE BAR OF CALIFORNIA  
1149 S. HILL STREET, LOS ANGELES, CA 90015-2299**