

STATE OF MICHIGAN
ATTORNEY DISCIPLINE BOARD



Request for Certificate of Disciplinary History

\$10 fee for each Certificate

Date: _____ # of Discipline Certificates: _____

Name: _____

Bar No.: P _____ Phone: _____

Address: _____

Address: _____
(Where certificate should be sent) _____

Payment Method:

Mail this form and check/money order (payable to **Attorney Discipline System**) to:

Attorney Discipline Board
333 W. Fort St., Ste. 1700
Detroit, MI 48226

Or, you may request and pay for a certificate by Visa, MasterCard or electronic check (ACH/payment) online. Please contact the Board at the below number for the link.

For any questions, please call (313) 963-5553