



# The State Bar of California

**DIVISION OF REGULATION**

180 Howard Street, San Francisco, CA 94105

415-538-2120

## **CERTIFIED SPECIALIST RETIREMENT/RESIGNATION FORM**

Name: \_\_\_\_\_ Bar Number: \_\_\_\_\_

Specialty Area: \_\_\_\_\_

I have decided to resign from the Legal Specialization Program for the following reason(s):

- ☐ My practice has changed.
- ☐ I have retired/no longer practicing law (or close to retiring/will not be practicing law).
- ☐ I can no longer meet the task & experience requirements in order to recertify.
- ☐ I can no longer meet the educational requirements in order to maintain certification.
- ☐ I am unable, or no longer willing, to pay program fees.
- ☐ Other (please specify):

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I would like to make the following comments about the Legal Specialization Program:

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I understand that in resigning from the Legal Specialization Program, I will be required to take and pass the examination again to rejoin the program.

I agree that once resignation is processed, my name will be removed from the California Board of Legal Specialization's list of certified specialists, and I will correct any directory listing or other materials in which I am represented as a certified specialist.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this form is executed on:

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

**Submit via inquiry form: [Licensee Records and Compliance Inquiry Form](#)**

**Fax: (415) 538-2180**

**Mail: State Bar of California, Division of Regulation -Legal Specialization,  
180 Howard Street, San Francisco, CA 94105**