

Form AHC50



NOTICE RE TERMINATION OR WITHDRAWAL OF REGISTRATION AS AUTHORIZED HOUSE COUNSEL

I, _____, certify that:

(Please check the appropriate box and provide the requested information.)

☐ my employment with _____, the organization for which my registration was filed, has terminated; or

☐ I have resigned my employment with _____ the organization for which my registration was filed; or

☐ I hereby withdraw my registration as authorized house counsel; or

☐ I have relocated outside of Connecticut for a period greater than 180 consecutive days.

I have read Practice Book § 2-15A (e) and understand that upon receipt of this notice, the bar examining committee will forward a request to the statewide bar counsel that the authorization for me to perform services as authorized house counsel in Connecticut be revoked.

I declare under penalty of false statement under the laws of the State of Connecticut that the information submitted is true and correct. The penalty for false statement is imprisonment not to exceed one year, a fine not to exceed \$2,000, or both.

Executed on this _____ day of _____, _____ at _____.
Day Month Year City, State

Type your name in the box to sign electronically: _____

By typing your name, you are signing this document electronically and demonstrating your intent to use this as your electronic signature.

My current mailing address is:

Upload completed form to your online account,
or email to Barexam@jud.ct.gov, or send to:

**Connecticut Bar Examining Committee
AHC Application Department
100 Washington Street, 1st Floor
Hartford, CT 06106**