

**BOARD OF COURT REPORTING
OF
THE JUDICIAL COUNCIL OF GEORGIA**

**INACTIVE STATUS REQUEST FORM
(Page 1 of 2)**

Date _____

COURT REPORTER INFORMATION

Name	License #	
Mailing Address		
City	State	Zip Code
Telephone	Email	

I, _____, holder of License # _____, do elect to make my license "inactive," pursuant to Article 5 of the Rules and Regulations of the Board of Court Reporting of the Judicial Council of Georgia. I understand that my license becomes inactive on the date of the filing of this form with the Board. I also understand that pursuant to Board policy if I submit this form and my license is currently in a suspended or probationary status, or if there is an open disciplinary complaint against me in which I have been served with notice of, or have been attempted with service of notice of, my license will go into inactive status with the designation of not being in good standing, and such designation will be reported to any other licensing authorities or other parties who may contact the Board seeking a reference on my behalf, as well as may prevent the approval of any future Application for Testing or Application for Certification submitted by me or on my behalf to the Board. By electing inactive status, I understand that if I wish to become an active certified court reporter again in this state, I must first become certified through testing. On the attached page I have provided the Board with an address and location for my records relating to my work as a court reporter.

Signature

Sworn to and subscribed before me on the _____ day of _____, _____
Month Year

Notary Public _____ (seal)

INACTIVE STATUS REQUEST FORM
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COURT REPORTER INFORMATION

Name

License #

The following individual is aware of the place of storage of my court reporting records and can retrieve such records should I be unable to do so due to incapacity or death:

Name: _____

Address: _____

Phone Number: _____

Personal/Professional Relation: _____

I hereby state that my court reporting records are stored in (location): _____,

at (address) _____.