

New Jersey Lawyers' Fund For Client Protection
P.O. Box 961
Trenton, NJ 08625-0961

Multijurisdictional Practitioner Non-Payment Certification
For the Calendar Year(s) _____

To be effective, this certification must be executed without alteration.

I, _____, of full age, do hereby certify that I am no longer acting as, or appearing as, a Multijurisdictional Practitioner ("MJP") in the State of New Jersey, nor have I acted or appeared as such since at least January 31 of this calendar year.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature

Date