



# Disciplinary Board of the Supreme Court of Pennsylvania

## Public Access Request Procedures

**Submit Completed Request Form To:**  
Disciplinary Board of the Supreme Court of Pennsylvania  
Attention: Public Records Request  
601 Commonwealth Avenue, Suite 5600  
PO Box 62625  
Harrisburg, PA 17106  
**Phone:** (717) 231-3380  
**Fax:** (717) 231-3381  
**Email:** [atty.registration@pacourts.us](mailto:atty.registration@pacourts.us)

The Disciplinary Board of the Supreme Court of Pennsylvania collects and maintains various information on all Commonwealth admitted attorneys. Publicly accessible information for individual attorneys can be obtained through the Disciplinary Board's website using the "Look Up an Attorney" function here: [www.padisciplinaryboard.org](http://www.padisciplinaryboard.org). For those seeking data for large groups of attorneys, requests submitted, pursuant to the procedures below, are reviewed on a case-by-case basis by the Disciplinary Board.

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### Complete and submit a Public Access Request Form.

#### Form Instructions:

1. Complete your current **contact information**.
2. **Information Requested** – Detail the type(s) of data you request and for what population(s).  
*For example, all Active attorneys in Cumberland and Dauphin County including Attorney ID Number, Full Name, Address, and Phone Number*

#### Available Data Types

- |                          |                         |   |
|--------------------------|-------------------------|---|
| ■ Attorney ID Number     | ■ Public Address        | ■ Phone Number                            |
| ■ Full Name              | ■ County                | ■ Fax Number                              |
| ■ Current License Status | ■ Law Firm/Organization | ■ Professional Liability Insurance Status |

3. **Reason for Request** – Detail the intended use of the data. The data provided should not be used in any other manner.  
*For example, a Legal Aid Organization located in Dauphin County seeks contact information to request volunteers.*
4. **Type of File** – Select the desired format for receipt of the data.
5. **Fee Schedule** – Review to estimate costs of a request. "Staff Time" includes review of submitted request form, preparation and formatting of data, and any necessary communication(s) with requestor. After submitting a request, the form will be reviewed and upon approval, costs will be calculated. Staff will prepare and send an invoice to be paid prior to delivery of the data. Costs may be paid by credit card or check/money order. A convenience fee of \$3 will be assessed for all credit card transactions.
6. **Sign** and submit your completed request form by email attachment, fax, or mail as listed above. Within 3 business days, excluding weekends and Court holidays, the Disciplinary Board will acknowledge receipt of the submitted request form and provide an expected timeline for delivery.

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*Please Type or Print Clearly*

Requestor Name: \_\_\_\_\_

Office Name (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Information Requested:** (attach additional page if needed)

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**Reason for Request:** (attach additional page if needed)

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**Type of File(s) Requested:**

- Paper
- Electronic
  - .csv file
  - pdf image

Fee Schedule
Staff Time (\$80/hour)
Paper Files, If Applicable (\$0.25/page)
Shipping, If Applicable (varies)

**Note: A minimum charge of 1 hour of staff time shall be assessed for each request, and thereafter requestors will be charged in 15 minute increments.**

**Disclaimer**

1. By submitting this request, I/we agree to pay any costs incurred and understand that I/we will not receive the information described above until payment is made in full.
2. I/we understand that all requests will be reviewed and approved by the Disciplinary Board on a case-by-case basis.
3. I/we understand that the use of the requested information is intended only for the purpose described above and that any data provided to me/us should not be used in any other manner.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**After submitting this form, it will be reviewed and upon approval, costs will be calculated. You will then receive an invoice to be paid prior to data delivery.**