

Rule 2 of the Supreme Court Rules Concerning the State Bar of Michigan requires that members, as a condition of practicing law, provide the State Bar with “the member’s correct name, physical address, and email address” and that “no member shall practice law in the state until the information has been provided.” A primary purpose of the rule is to provide a physical address for personal service of papers and process. It also provides the State Bar with an email address to send annual dues statements and other important notices, including communications from the Attorney Grievance Commission. The information provided is considered a member’s Primary Address of Record and is published in the Annual Directory and in the State Bar’s online Member Directory.

On occasion members face safety or security concerns that justify withholding publication of a member’s complete Primary Address of Record. A member may submit a written request for a Limited Directory Listing, that is, a listing in the Annual Directory or online Member Directory that excludes part of the member’s Primary Address of Record, such as excluding the street or building address, a telephone number, or an e-mail address. Be advised that at a minimum, each member’s name and P number is published.

To request a Limited Directory Listing, complete and submit the Limited Directory Listing Request Form on page 2. Members who are actively practicing and request a Limited Directory Listing must provide a PO Box address that will be published as part of their Limited Directory Listing. Remember, if your request is granted, you are still required to provide the State Bar with your Primary Address of Record, including a street or building address, which will remain confidential.

Below are examples where the State Bar has approved a Limited Directory Listing. This list is not intended to be exclusive.

Examples Supporting a Limited Listing

- ▶ A retired Michigan or federal judge, administrative law judge, or hearing officer.
- ▶ A retired Michigan prosecuting attorney or United States Attorney.
- ▶ A retired criminal defense attorney or public defender.
- ▶ A practicing attorney presenting safety or security concerns, so long as a mailing address (i.e., a PO Box) is provided for publication. Confidential street address must be provided to the State Bar.
- ▶ An attorney whose business address is also a home address and who has obtained a Personal Protection Order or has been the victim of a stalker.
- ▶ A retired member who has ceased practicing law altogether and no longer maintains a professional address different from a residential address.
- ▶ An attorney on active military duty who is therefore not practicing law and does not have a professional address different from a residential address.

Other circumstances may justify a limited listing, depending on the specific details provided to the State Bar in writing. Supporting documentation may be required.



MEMBER LIMITED DIRECTORY LISTING REQUEST FORM

Name: _____ P #: _____

Primary Address of Record:

Street/Building Address: _____

PO Box Address (if any): _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail address: _____

I request that the State Bar of Michigan publish a Limited Directory Listing for me as follows (I understand that at a minimum, the State Bar will publish my name and P number):

Name: _____ P #: _____

E-mail address: _____

My reason(s) for requesting a Limited Directory Listing: _____

I understand that if I am actively practicing on a full- or part-time basis, I may be required to provide a PO Box address in lieu of a primary address for publication. I further understand that even if my request for publication of a limited directory listing is granted, I am still required to provide the State Bar with a primary address that includes a street or building address.

This limited listing request is valid for the current State Bar fiscal year October 1 through the following September 30, upon approval by the State Bar of Michigan. You may be required to renew your request for the next State Bar fiscal year.

I certify that the information provided on this form is accurate to the best of my information, knowledge, and belief.

Date: _____

***Signature required**

Daytime phone number: _____

Return completed form by fax, e-mail, or mail. Fax to: (517) 372-1139 E-mail to: sbmltdlisting@michbar.org
Mail to: State Bar of Michigan, ATTN: Member Records, 306 Townsend St, Lansing, MI 48933-2012

**** For SBM Internal Use Only:**

STATE BAR OF MICHIGAN _____ Date: _____

Approval Signature