To be used with Question 41 **FORM 41 / CONDITION OR IMPAIRMENT IN DEFENSE OR MITIGATION**

| Name | | | |
|--------------------------|--|--|--------|
| First | Middle | Last | Suffix |
| The Office of LLP Adm | issions is aware of HIP | AA requirements. | |
| Name of Entity Before W | hich the Issue was Raise | ed (i.e. court, agency, etc. |) |
| Address | | | |
| City | | State | Zip |
| Nature of Proceeding | | | |
| Date of Disposition | | | |
| Final Disposition | | | |
| any information or expla | nation that you believe nationing program(s). Atta | mitigates or lessens the so ach a separate page(s) if n | |
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Duplicate this form as needed.