Section 8. 0	Current Fitne	ess To	Practice Law <i>I</i>	And Good	Moral C	haracter (Cont	inued)		
☐ No ☐ Ye		Have you been hospitalized since your suspension, disbarment, or resignation? If yes, list the hospital, the dates of any hospitalization and the reason.							
☐ No ☐ Ye	pay any tax	Have you ever failed to file any local, state or federal income tax return as required by law or failed to pay any taxes, including the attorney occupational tax, when due? If yes, explain the circumstances and furnish documentation showing that taxes are current.							
☐ No ☐ Ye	•	Other than your license to practice law, have you had any license or permit suspended or revoked? If yes, explain below.							
Section 9. \	/olunteer W es Have you end information:	ngaged ir	n any volunteer wo	ork since you	were disci	iplined? If yes, prov	ide the fo	llowing	
From	То	Name							
Street					City		State	7in anda	
Street					City		State	Zip code	
Type of work			Supervisor		Ту		Type of charity		
Number of hours	Brief description								
From	То	Name							
Street					City		State	Zip code	
Type of work			Supervisor		1	Type of charity		1	
Number of hours	Brief description								

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