FILED

APR 1 5 2019

IN THE SUPREME COURT OF THE STATE OF KANSAS CLERK OF APPELLATE COURTS

ORDER

RE: STATE BOARD OF EXAMINERS OF COURT REPORTERS

Under the Rules Relating to the State Board of Examiners of Court Reporters, Rule 310, the attached annual registration form, Request for Change of Status to Active Status form, and Application for Reinstatement form are adopted effective the date of this order and are applicable beginning with the registration period commencing July 1, 2019 – June 30, 2020, and will remain as set until further order of the Court.

BY ORDER OF THE COURT this 15 day of April, 2019.

Lawton R. Nuss

Chief Justice

2019 KANSAS CERTIFIED COURT REPORTER REGISTRATION July 1, 2019 to June 30, 2020

CCR No. 0000

Please type or print legibly. All information MUST be provided.

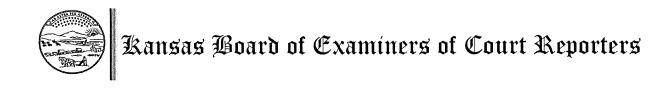
Registration Fees are due June 30, 2019.

Fees received July 1 – December 30, 2019 will incur a \$50 late fee.

USE THE ENCLOSED ENVELOPE TO RETURN YOUR COMPLETED FORM AND FEE.

Mailing Address Preference ☐ Business ☐ Residence Name Kansas Judicial Center 301 SW 10 th Ave., Room 115 Topeka, KS 66612	Current registration status: ACTIVE 2019-2020 Fee Classification Active - \$50 Inactive to Active Status Change \$75 (includes \$25 change of status fee) Inactive - \$25 Retired – No Charge (Age 66 or older)	
☐ Information below is correct.	Additions or corrections required.	
For Registration Use Only – Do Not Mark	PLEASE ENTER ADDITIONS OR CORRECTIONS BELOW	
Business Information:	Business Information:	
Street Kansas Judicial Center	Street	
301 SW 10 th Ave., Room 115 City Topeka State KS Zip 66612	City State Zip	
Phone 000-000-0000	Phone	
Residence Information:	Residence Information:	
Street 1200 No Where Road	Street	
City Peculiar State KS Zip 66666 Phone 785-555-5555	City State Zip Phone	
Email (required) moorem@kscourts.org	Email	
	e/jurisdiction)	
Are you a paperless writer: Yes No	Are you certified in other states: Yes No If yes, what states?	
Are you currently certified and in good standing with NO	CRA or NVRA? Yes No	
I hereby certify that the above information is true and correct to the best of my knowledge.		
Signature:	Date:	

MAKE CHECKS PAYABLE TO: CLERK OF THE SUPREME COURT RETURN COMPLETED FORM & PAYMENT TO: CLERK OF THE SUPREME COURT 301 SW 10TH AVENUE, ROOM 115 TOPEKA, KANSAS 66612



REQUEST FOR CHANGE OF STATUS TO ACTIVE STATUS

Name	CCR No
DOB	Email
Preferred Mailing Address:	Business Residence
Business Address	
You hereby verify to the best of inactive for a period less than 2 years.	your knowledge that you have been registered as
	Signature
	Printed Name
	Date

Under Supreme Court Rule 310(i)(1)(A), A court reporter must submit a change of status form, pay a recertification fee, and pay the current annual registration fee.



Kansas Board of Examiners of Court Reporter

APPLICATION FOR REINSTATEMENT

Name	CCR No
DOB	Email
Preferred Mailing Address: Business	Residence
Current Employer	
Business Address	
Current Residence	
Indicate your current registration status: Expired – Failure to Register	\square Inactive – 2 to 5 years
☐ Inactive – 5 or more years	Retired
1. How long have you been registered as you For that time period, list the name, address give dates of employment, name of your each employment.	ur current registration status?ss, and phone numbers of each employer. Please supervisor, if applicable, and the reason you left

2.	List any jurisdictions in which you are currently certified to practice. Indicate your current certification status and provide an original certificate of good standing from each jurisdiction to this office.
3.	If licensed in jurisdiction(s) other than Kansas, has any disciplinary action been initiated in such jurisdiction(s)?
4.	Has a court ever found that you violated a fiduciary duty? Yes or No
5.	Have you been convicted of a felony or misdemeanor (except traffic infractions)?
6.	Are you presently on probation, parole, or diversion for any violation, including a Yes or No misdemeanor?
	If you answer yes to Questions 3-6, attach a statement giving dates, court or proceeding; the full facts, including disposition; and the name and address of the person or entity in possession of the record.
my	I certify the foregoing information furnished above is true and correct to the best of knowledge and belief.
	Signature
	Printed Name
	Date