

DISTRICT OF COLUMBIA COURT OF APPEALS  
BOARD ON PROFESSIONAL RESPONSIBILITY



Issued  
April 17, 2026

ADMINISTRATIVE ORDER 2026-1

The Board's Rules Committee has recommended certain changes to Board Forms 7.6, 7.6A and 11.13. Upon consideration by the Board of those recommended changes, it is hereby

ORDERED that the attached Board Forms 7.6, 7.6A and 11.13 shall replace prior versions of Board Forms 7.6, 7.6A and 11.13; and it is further

ORDERED that any respondent in a pending case who filed one of the prior versions of Board Forms 7.6, 7.6A or 11.13 prior to the date of the Order **is not** required to refile the new version of Board Forms 7.6, 7.6A or 11.13; and it is further

ORDERED that if a respondent files a prior version of Board Forms 7.6, 7.6A or 11.13 within 60 days of this order, the Board's Case Manager will direct the respondent to file the current version of the Board Form(s) within seven days, and any Board Forms filed within seven days shall be deemed to have been filed as of the date of the original filing; and it is further

ORDERED that prior versions of Board Forms 7.6, 7.6A or 11.13 shall not be accepted for filing more than 60 days after the date of this order; and it is further

ORDERED that the Executive Attorney of the Board on Professional Responsibility shall forthwith publish a copy of this Order (with the attached Board Forms) on the website of the Board on Professional Responsibility,

[www.dcattorneydiscipline.org](http://www.dcattorneydiscipline.org), and shall email a copy of this Order (with the attached Board Forms) to the Office of Disciplinary Counsel, and to all respondents with a case pending before a Hearing Committee (or their counsel), and shall use other means to publish this Order (with the attached Board Forms).

BOARD ON PROFESSIONAL RESPONSIBILITY

By:  \_\_\_\_\_  
Robert L. Walker, Chair

DISTRICT OF COLUMBIA COURT OF APPEALS  
BOARD ON PROFESSIONAL RESPONSIBILITY

In the Matter of: \_\_\_\_\_ :  
: Disciplinary Docket Number(s):  
: \_\_\_\_\_  
: \_\_\_\_\_  
Respondent. : \_\_\_\_\_

FORM 7.6: NOTICE OF INTENT TO RAISE DISABLING CONDITION(S) IN  
MITIGATION OF SANCTION

In accordance with Board Rule 7.6, the undersigned Respondent hereby submits this notice of intent to raise disabling condition(s) in mitigation of sanction<sup>1</sup> in the above-captioned disciplinary proceeding(s) and provides the following information and releases in connection with the notice. By filing this Notice, Respondent reserves the right to file a motion to raise disabling condition(s) in mitigation of sanction following the conclusion of the first phase of the evidentiary hearing in this matter (*see* Board Rules 11.11 and 11.13). Respondent understands that, unless disclosed by Respondent, this Notice will not be disclosed to the Hearing Committee assigned to this case unless and until Respondent files a motion to raise disabling condition(s) in mitigation of sanction and an acknowledgement of disabling condition(s) form (Form 11.13).

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<sup>1</sup> “Disabling condition” means a physical or mental condition that an attorney alleges to have been the substantial cause of the charged misconduct under *In re Kersey*, 520 A.2d 321 (D.C. 1987) and its progeny. *See, e.g., In re Zakroff*, 934 A.2d 409, 423 (D.C. 2007).

Respondent further understands that full and complete responses must be submitted to the questions posed in this Notice and in the required release (Form 7.6A) attached hereto, and that they shall become a part of the record in the matter(s) in which the Notice is filed. Respondent further understands that this Notice may be used by the Board on Professional Responsibility to determine appropriate conditions of practice under Board Rule 7.6(c) and, if appropriate under Section 13(e) of Rule XI of the Rules Governing the Bar, to seek from the District of Columbia Court of Appeals an order imposing probationary conditions or suspension from the practice of law.

(a) List the disabling condition(s) that you intend to raise in mitigation of sanction pursuant to Board Rule 11.13:

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(b) State the name, address and telephone number of each physician, psychiatrist, psychologist, therapist, counselor, or other healthcare provider who has diagnosed, is treating, and/or has treated you for the disabling condition(s) listed in subsection (a), above, along with the dates of treatment.

<u>Name</u>	<u>Address</u>	<u>Telephone No.</u>	<u>Dates of Treatment</u>

(c) State the name, address and telephone number of any hospital, outpatient clinic, treatment facility or other location where you have received treatment or counseling for the disabling condition(s) listed in section (a) above, along with the dates of treatment/counseling.

<u>Name</u>	<u>Address</u>	<u>Telephone No.</u>	<u>Dates of Treatment</u>

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(d) State your present condition.

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\_\_\_\_\_  
Respondent

\_\_\_\_\_  
Bar Registration No.

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

**FORM 7.6A**

**AUTHORIZATION TO RELEASE MEDICAL RECORDS AND FILES**

Upon presentation of the original or a duplicate of this signed authorization, I  
(Respondent's name) \_\_\_\_\_, authorize (Name,  
address of physician, psychiatrist, psychologist, therapist, counselor or other medical  
provider) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

and (Name, address of hospital, clinic, treatment facility or other  
location): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(hereafter, "the Provider(s)") to provide information, including copies of my records  
and files, concerning advice, care or treatment provided to me, without limitation,  
relating to the disabling condition(s) identified above to a representative of the  
Office of the Disciplinary Counsel, and/or the District of Columbia Board on  
Professional Responsibility for the following dates of service: from \_\_\_\_\_ to  
\_\_\_\_\_. I understand that any information that may be received will become part of  
Disciplinary Counsel's file in any disciplinary proceeding brought against me by

Disciplinary Counsel where I raise my disabling condition(s) in mitigation of sanction, as well as any proceeding under Section 13(e) of Rule XI of the Rules Governing the Bar. I further understand that should Disciplinary Counsel decide to offer any of the information received as evidence in such proceeding(s), Disciplinary Counsel will so advise me in order to provide me an opportunity to apply for a protective order.

I release, discharge and exonerate the Office of Disciplinary Counsel, its agents and representatives, the Board on Professional Responsibility, its agents and representatives, the Provider(s), and its agents and representatives, so furnishing information, from all liability of every nature and kind arising out of the furnishing, inspection and/or use of such documents, records and other information, by the Office of Disciplinary Counsel and/or the Board on Professional Responsibility for the investigation, prosecution and/or adjudication of the matter(s) in which this Notice is filed, or any other disciplinary matter reasonably related to the disabling condition(s) disclosed in this Notice. I further acknowledge that information disclosed pursuant to this authorization may be redisclosed by the recipient and is no longer protected by HIPAA Privacy Rule, 45 C.F.R. § 164.508(c)(2).

I reserve the right to revoke this authorization in accordance with HIPAA Privacy Rule, 45 C.F.R. § 164.508(c)(2). Said revocation will be in writing to the Provider(s) and Disciplinary Counsel, and the revocation will not apply to

disclosures made in reliance upon the authorization before the revocation was received by the Provider(s).

This release expires on \_\_\_\_\_.<sup>1</sup>

\_\_\_\_\_  
Signature of Respondent

Bar Registration No. \_\_\_\_\_

Date of Birth<sup>2</sup> \_\_\_\_\_

Social Security No. \_\_\_\_\_

SUBSCRIBED and SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Seal or Stamp must be affixed to each original.

<sup>1</sup> If for mental health records, this expiration shall be no longer than 365 days from the date of authorization, *see* D.C. Code § 7-1202.2.

<sup>2</sup> This identifying information may be necessary to obtain the requested information from the provider designated above. Please note that Board Rule 19.8(f)(i) provides that Social Security Numbers and Dates of Birth must be redacted from any document filed with a Hearing Committee or the Board.

DISTRICT OF COLUMBIA COURT OF APPEALS  
BOARD ON PROFESSIONAL RESPONSIBILITY

In the Matter of: \_\_\_\_\_ :  
: Board Docket No. \_\_\_\_\_  
: Disciplinary Docket No(s). \_\_\_\_\_  
: \_\_\_\_\_  
Respondent. :

FORM 11.13: ACKNOWLEDGEMENT OF DISABLING CONDITION<sup>1</sup>

I, \_\_\_\_\_, hereby acknowledge that during the period of \_\_\_\_\_, I suffered from a disabling condition by reason of \_\_\_\_\_.

In this disciplinary proceeding against me, I am contending that the alleged violations of the Rules of Professional Conduct would not have occurred but for such disabling condition, and I am requesting mitigation of sanctions based on such disabling condition. I understand, and stipulate, that this acknowledgement may be used by the Board on Professional Responsibility, if appropriate under the provisions and limitations of Board Rule 11.13, in seeking from the District of Columbia Court of Appeals an order imposing probationary conditions or suspensions from the practice of law pursuant to Section 13(e) of Rule XI of the Rules Governing the Bar.

Date: \_\_\_\_\_  
Respondent  
Bar Registration No. \_\_\_\_\_

<sup>1</sup> To be filed with a motion to present evidence in mitigation of sanction based on an alleged disabling condition. See Board Rule 11.13.