

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 sanction¹ 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).

¹ “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:

(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>

--	--	--	--

(d) State your present condition.

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 _____.¹

Signature of Respondent

Bar Registration No. _____

Date of Birth² _____

Social Security No. _____

SUBSCRIBED and SWORN to before me this _____ day of _____,

_____.

Notary Public

Seal or Stamp must be affixed to each original.

¹ 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.

² 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.