

**Application for Admission to Practice Law in Tennessee
Supplemental Information
COMITY**

Full Name: _____

2. Emergency Contact Information:

(a) Parents:

Father's name: _____

Address: _____

Phone: _____

Occupation: _____

Mother's name: _____

Address: _____

Phone: _____

Occupation: _____

(b) Spouse

Name: _____

Address: _____

Phone: _____

Occupation: _____

3. Is there any incident, event, act or condition not otherwise referred to in this entire application having a bearing upon your character or fitness for admission to the bar?

_____ Yes _____ No If so, give full details and enclose documentation, if any.

4. Is there any reason why you cannot take and subscribe to an oath or affirmation that you will support the Constitutions of the United States and the state of Tennessee?

_____ Yes _____ No If so, please explain on a separate sheet.

5. (a) Have you familiarized yourself with the Rules of Professional Conduct as adopted by Rule 8 of the Rules of the Tennessee Supreme Court, and do you accept that code and agree to conduct yourself in accordance therewith, as the same may be amended or replaced from time to time by the Court?

_____ Yes _____ No

(b) Have you familiarized yourself with Rule 9 of the Rules of the Tennessee Supreme Court governing disciplinary enforcement and do you agree to be bound thereby?

_____ Yes _____ No

6. (a) **Do you agree to abide by the duties and standards imposed from time to time on attorneys in this State?**

_____ Yes _____ No

If your answer to (a) above is **NO**, explain the basis of your application (Article VIII of Rule 7 of the Tennessee Supreme Court Rules).

(b) **Where do you intend to practice law? Please give city or county and name of law firm, if known.**

7. **Attach to this application:**

(a) **a certified copy of the record of the court from each state in which you have been licensed to practice, which license must confer the right to practice in the highest court in that state,**

(b) **Three original letters of recommendation from attorneys or judges,**

(c) **a certificate of good standing from the agency in each state in which you are licensed responsible for the enforcement of disciplinary rules in that state.**

I understand that this application is a continuing application and must give correctly and fully the information herein sought as of the date of my appearance to be sworn in as an attorney. I will, therefore, before such appearance, notify the Board of Law Examiners, in writing, as to any change in respect to any matter regarding which information is herein sought, and as to any incident which may have any bearing upon any information herein sought.

Signature of Applicant

State of _____)

SS.)

County of _____)

_____, being first duly sworn, says: I have read the foregoing questions, have answered the same fully and frankly, and the answers are true and complete of my own knowledge.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

My Commission expires: _____