APPLICATION FOR STATUS CHANGE
Pursuant to Tennessee Supreme Court Rule 9, Section 10.3

Pursuant to Tenn. Sup. Ct. R. 9, Section 10.7 (a), an attorney who claims an exemption under Section 10.3 shall file with the Board an application to assume inactive status and discontinue the practice of law in Tennessee. In support of the application, the attorney shall file an affidavit or declaration under penalty of perjury stating that the attorney is not delinquent in paying the privilege tax imposed on attorneys by Tenn. Code Ann. § 67-4-1702, is not delinquent in meeting any of the reporting requirements imposed by Rules 9, 21, and 43, is not delinquent in the payment of any fees imposed by those rules, and is not delinquent in meeting the continuing legal education requirements imposed by Rule 21.

The undersigned attorney hereby makes application for the following exemption (please check (one only please)):

- Section 10.3 (a) – Inactive – Federal
- Section 10.3 (b) – Inactive – Retired (pursuant to Tenn. Sup. Ct. R. 9, § 2 (Definitions))
- Section 10.3 (c) – Inactive – Military
- Section 10.3 (d) – Inactive – TN Law School Faculty
- Section 10.3 (e) – Inactive – Not practicing in Tennessee

By making this application, I am aware that an attorney who assumes inactive status under an exemption granted by Section 10.3(a), (d), or (e) shall pay to the Board, on or before the first day of the attorney’s birth month, an annual inactive-status fee in an amount equal to one half of the total annual fee set forth in Section 10.2(c).

Further, I am aware that this exemption does not exempt me from requirements for completion of continuing legal education or place me on inactive status with the Tennessee Commission on Continuing Legal Education and I must follow up with the Tennessee Commission on Continuing Legal Education to determine my obligation for continuing CLE.

________  __________
Printed Name      Signature

________  ______________________________________
BPR Number (required)     Email address (required)

Instructions to attorney: Complete and return this application and the following affidavit to the Board by mail (see the address below). Please be aware that any registration requirement due on or before the date your affidavit is received by the Board must be paid before your status may be changed. You are advised to contact the Tennessee Commission on Continuing Legal Education to determine the requirements for completion of CLE while your law license is exempt (if any).
AFFIDAVIT IN SUPPORT OF REQUEST FOR EXEMPTION
PURSUANT TO TENNESSEE SUPREME COURT RULE 9, SECTION 10.3(a)

Comes now the undersigned attorney, being first duly sworn, and states:

1. I wish to claim the exemption afforded by Tenn. Sup. Ct. R. 9, Section 10.3 (a). (Please select the applicable reason for your request below.)
   a. _____ I serve as a justice, judge, or magistrate judge of a court of the United States of America (federal judge) or
   b. _____ I serve in a federal office and am prohibited by federal law from engaging in the practice of law.

2. I am not delinquent in meeting any of the reporting requirements imposed by Tenn. Sup. Ct. Rules 9, 21, or 43;

3. I am not delinquent in the payment of any fees or penalties imposed by Tenn. Sup. Ct. Rule 9;

4. I am not delinquent in meeting any continuing legal education requirements imposed by Tenn. Sup. Ct. R. 21;

5. I am not delinquent in paying the Professional Privilege Tax imposed on attorneys pursuant to Tenn. Code Ann. § 67-4-1702; and certify that I have paid all previously assessed Professional Privilege Tax.

Witness my hand and seal this the _________ day of ______________________________, 20_____.

_______________________________________  __________ _____________________________
Printed Name      Signature

_______________________________________  __________ _____________________________
BPR Number (required)     Address (Mailing Address Only)

_______________________________________  __________ _____________________________
Email address (required)     City, State, Zip Code

Sworn to and subscribed before me on this _________ day of ______________________________, 20_____.

My Commission Expires: __________________________  __________________________  Notary Public

For Board of Professional Responsibility Use Only

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