

**BOARD OF PROFESSIONAL RESPONSIBILITY  
OF THE  
SUPREME COURT OF TENNESSEE**

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**APPLICATION FOR STATUS CHANGE  
PURSUANT TO TENNESSEE SUPREME COURT RULE 9, SECTION 10.3**

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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) or by email (registration@tbpr.org). 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).

Board of Professional Responsibility  
ATTN: Registration Department  
10 Cadillac Drive, Suite 220  
Brentwood, TN 37027-5078

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**DECLARATION IN SUPPORT OF REQUEST FOR EXEMPTION  
PURSUANT TO TENNESSEE SUPREME COURT RULE 9, SECTION 10.3(b)**

I, \_\_\_\_\_, BPR # \_\_\_\_\_, declare under penalty of perjury, that the following statements are true and correct:

1. I wish to ask the Board of Professional Responsibility for an exemption pursuant to Tenn. Sup. Ct. R. 9, § 10.3(b) (retired status). I qualify for this status because (choose one)
  - \_\_\_\_\_ I am sixty-five (65) years of age and am not actively engaged in the practice of law;
  - \_\_\_\_\_ I am fifty (50) years of age, inactive with the Tennessee Commission on Continuing Legal Education, and have not engaged in the practice of law for at least fifteen years;
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.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*BPR Number (required)*

\_\_\_\_\_  
*Address (Mailing Address Only)*

\_\_\_\_\_  
*Email address (required)*

\_\_\_\_\_  
*City, State, Zip Code*

For Board of Professional Responsibility Use Only

Type	BPR Good Standing?	Disciplinary history?	CLE Objections?	Professional Privilege Tax Paid?
Retired				