

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

**IN RE:** \_\_\_\_\_, **BPR #** \_\_\_\_\_  
*(attorney's full name)*

An Attorney Licensed to Practice Law in Tennessee  
( \_\_\_\_\_ )  
*(insert TN county of practice or city, state)*

\_\_\_\_\_  
**No. ADM** \_\_\_\_\_  
*(leave this line blank)*

**BOPR No.** \_\_\_\_\_  
*(leave this line blank)*  
\_\_\_\_\_

**PETITION FOR REINSTATEMENT  
PURSUANT TO TENN. SUP. CT. R. 9, SECTION 26.4(d)(1)**

Pursuant to Tenn. Sup. Ct. R. 9, § 26.4(d)(1), I, \_\_\_\_\_  
(insert attorney's full name), respectfully petition for reinstatement to practice law and further states:

1. By order entered \_\_\_\_\_, the law license of Petitioner was suspended for failure to comply with Tenn. Code Ann. § 67-4-1701-1710;
2. Petitioner's law license has been suspended for one (1) year or less;
3. As of the date of filing of this petition, Petitioner has completed the following:
  - a. Paid all delinquent professional privilege taxes including any interest and assessed penalties;
  - b. Submitted to the Board of Professional Responsibility an affidavit or declaration under penalty of perjury, including supporting documentation, showing that the professional privilege tax has been paid;
  - c. Paid to the Board of Professional Responsibility the required delinquent compliance fee (\$100.00) on \_\_\_\_\_ (date);
  - d. Paid the required reinstatement fee of \$200.00 on \_\_\_\_\_ (date);

4. Other than the current suspension for failure to pay professional privilege tax, Petitioner is not suspended from the practice of law for any other reason as of the date of the filing of this petition.

WHEREFORE, having been suspended for one (1) year or less due to failure to comply with Tenn. Code Ann. § 67-4-1701-1710, Petitioner seeks reinstatement of his license to practice law.

Respectfully submitted,

\_\_\_\_\_  
*(attorney's signature)*

Printed name \_\_\_\_\_

BPR # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Email address \_\_\_\_\_

### VERIFICATION

I, \_\_\_\_\_ *(attorney's full name)*, being first duly sworn, make oath and state that the information provided in this Petition for Reinstatement is true to the best of my knowledge, information, and belief. Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_, 2019.

\_\_\_\_\_  
*(attorney's signature)*

Sworn to and subscribed before me a Notary Public on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

\_\_\_\_\_  
My Commission Expires

Provide an original copy of the petition including supporting documentation to the Board of Professional Responsibility by mail addressed as follows:

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