

THE BOARD OF PROFESSIONAL RESPONSIBILITY
FOR THE SUPREME COURT OF TENNESSEE

IN RE: _____(NAME)_____; BPR # _____
An Attorney Licensed to Practice Law in Tennessee
(Insert City/County, State)

**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), _____ respectfully petitions for reinstatement to the practice of law by submitting the following:

1. Petitioner has been suspended from the practice of law for one (1) year or less by Order of the Supreme Court for failure to comply with Tenn. Code Ann. §§67-4-1701-1710.

2. Petitioner has fulfilled the requirements of Tenn. Sup. Ct. R. 9, § 26.4(d)(1) and documentation demonstrating compliance is attached hereto as Exhibit A.

3. As of the filing of this petition, Petitioner has completed the following:

a) Paid all delinquent privilege taxes and any interest and penalties assessed;

b) Submitted an affidavit or declaration under penalty of perjury, supporting the documentary evidence on __ (date) ____;

c) Paid a One Hundred Dollar (\$100.00) delinquent compliance fee on __ (date) ____;

d) Paid a Two Hundred Dollar (\$200.00) reinstatement fee on __ (date) ____;

e) Or, demonstrated that the suspension order was entered in error as follows:

(Attach affidavit or other supporting documentation as needed)

4. Other than the current suspension for failure to pay registration fees/failure to submit a registration statement, Petitioner is not suspended from the practice of law for any other reason as of the filing of this petition.

OR

At the time of filing this petition, Petitioner is also suspended from the practice of law for: (provide type of suspension and dates)

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 to the practice of law.

Respectfully submitted:

PETITIONER, BPR#
ADDRESS
PHONE

VERIFICATION

I, _____, being first duly sworn, make oath and state that the information provided in this Petition for Reinstatement is true to the best of my information, knowledge, and belief.

Sworn to and subscribed before me on this the ____ day of _____, 20____.

Notary Public _____

My commission expires on _____