

2018 ANNUAL REGISTRATION STATEMENT

BOARD OF PROFESSIONAL RESPONSIBILITY OF THE SUPREME COURT OF TENNESSEE
10 Cadillac Drive, Suite 220, Brentwood, TN 37027 – (615) 361-7500

This Annual Statement is issued pursuant to Tennessee Supreme Court Rules 9, 25 and 43.

| | | |
|-------------------------------------|---|--|
| Name: _____ | BPR No. _____ | For Registration Department Use Payment – Y ___ N ___ IOLTA – Y ___ N ___ Pro Bono – Y ___ N ___ Processed by: _____ |
| Annual Fee: \$ 170.00 | Due Date: First day of your birth month, 2018 _____ | |
| Access to Justice Donation: | <input type="checkbox"/> \$100.00 <input type="checkbox"/> \$75.00 <input type="checkbox"/> \$50.00 <input type="checkbox"/> \$25.00 <input type="checkbox"/> \$0 | |
| Total amount enclosed: _____ | Make checks payable to: Board of Professional Responsibility | |

Please update your contact information pursuant to Tenn. Sup. Ct. R. 9, Sec. 10.1:

*Office address information will be displayed on the Board's website
NOTE: If no office address is listed, your home address will be displayed.*

| | |
|--|--|
| Preferred Mailing Address | New Mailing Address Post Office Box _____ (or) Street Address _____ Apt./Suite _____ City/State/Zip Code _____ Country (if not USA): _____ |
| Current Physical Office Address | New Physical Office Address Street Address _____ Apt./Suite _____ City/State/Zip Code _____ Country (if not USA): _____ <i>NOTE: A post office box is not a physical office address.</i> |
| Current Physical Home Address | New Home Address Street Address _____ Apt./Suite _____ Post Office Box _____ City/State/Zip Code _____ Country (if not USA): _____ Home Telephone: (_____) _____ Cell Telephone: (_____) _____ Home email address _____ <i>NOTE: You must provide a physical home address. If no office address is listed, your home address is public information.</i> |
| Primary Email Address | New Primary Email Address (email is required) _____ _____ |
| Office Telephone | New Office Telephone (_____) _____ Fax #: (_____) _____ |

I certify that the information provided in this Registration Statement is accurate and complete.

(Signature)

(Date)

To complete your Annual Registration online, go to www.tbpr.org to log into the Attorney Portal; complete the online forms and pay the annual fee. If not registering online, please complete **ALL** pages of this statement and return with your payment to the address above. Upon completion of all registration requirements, your BPR card will be forwarded to your preferred address by mail within thirty days. Duplicate BPR cards may be purchased through the Board's attorney portal (\$15.00).

Please note: We have updated our database and improved our attorney portal. You may complete all registration requirements at www.tbpr.org "Attorney Login."

You may contact us at registration@tbpr.org.

2018 ANNUAL REGISTRATION

NAME:

BPR No.:

FIRM/ORGANIZATION NAME: _____

MANDATORY STATEMENT IOLTA Compliance Reporting

(Tenn. Sup. Ct. Rule 43, Section 14; and Rule 8, RPC 1.15)

NOTE: To avoid penalties and possible suspension, EVERY active attorney MUST complete and submit this information either using this paper form OR through the Board's Attorney Portal.

1. I/my firm hold(s) in an IOLTA account(s) pooled client or third party funds nominal in amount or expected to be held a short period of time, that cannot be made productive for the client or third party. **(If your office is not in Tennessee, do not report out-of-state accounts; see 2D.)**

List all IOLTA Accounts: (To list additional accounts, please enclose a separate sheet.)

| Financial Institution | Account Name | Account Number |
|-----------------------|--------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

2. If you are claiming an exemption, check only ONE box (mark the box that best fits).

- A. I/my firm hold(s) no funds that are required to be deposited in an IOLTA account.
- B. I am not engaged in the private practice of law in any jurisdiction.
- C. Occupation: I am not engaged in the private practice of law. I serve in the following capacity:
- | | | |
|--|--|------------------------|
| _____ Judge | _____ Attorney General | _____ Public Defender |
| _____ U.S. Attorney | _____ District Attorney | _____ In-house counsel |
| _____ Teacher of Law | _____ On full-time active duty in the armed forces | |
| _____ Employed by state, local, or federal government in a capacity not listed above | | |
- D. I do not have an office in Tennessee (**Note: For the purposes of this Rule, a lawyer who practices as a principal, employee, of counsel, or in any other capacity with a firm that has an office in TN, shall be deemed to have an office in TN if the lawyer utilizes one or more offices of the firm located in TN more than the lawyer utilizes one or more offices of the firm located in any other single state.**)
- E. Non-Earning Account(s) - Bank records must demonstrate that the account(s) did not accrue interest or dividends in excess of reasonable bank fees. (Enclose an explanation on a separate sheet.)
- F. Location Proximity - I am exempt because no eligible financial institution is located within reasonable proximity of my office. (Enclose an explanation on a separate sheet.)

**FOR ADDITIONAL INFORMATION REGARDING MANDATORY IOLTA COMPLIANCE,
SEE WWW.TNBARFOUNDATION.ORG**

Please note: We have updated our database and improved our attorney portal. You may complete all 2018 registration requirements at www.tbpr.org "Attorney Login."

2018 ANNUAL REGISTRATION

NAME:

BPR No.:

Pro Bono Reporting (Tenn. Sup. Ct. Rule 9, Section 10.10):

Many attorneys freely give their time and talents to improve our profession, our system of justice, and our communities. Gathering information about volunteer work done by attorneys is essential to efforts to obtain and maintain funding for civil and criminal legal services for the indigent and for promoting the image of the legal profession. Please report the extent of your pro bono activities in the preceding calendar year. For further description of the categories described below, *see* Tenn. Sup. Ct. R. 8, RPC 6.1.

(1) I estimate that I worked the following hours in the past year (2017):

- _____ Hours providing legal services to persons of limited means without a fee or at a substantially reduced fee;
- _____ Hours providing legal services to non-profit organizations serving persons of limited means without a fee;
- _____ Hours providing legal services to groups and organizations at a reduced fee when payment of standard fees would create a financial hardship;
- _____ Hours providing legal services to improve the law, the legal system, or the legal profession.

(2) I voluntarily contributed financial support to organizations that provide legal services to persons of limited means:

- _____ Yes; (Please do not disclose the amount.)
- _____ No.

(3) Pursuant to Tenn. Sup. Ct. R.9, Section 10.10, this reported information remains confidential unless you waive it solely for purposes of public pro bono recognition by the Supreme Court.

- I would like to have my reported pro bono hours submitted to the Supreme Court solely for the purpose of pro bono award recognition.*

Optional Access To Justice Donation:*

There exists a growing legal needs gap in Tennessee. Indigent and working-poor families face more legal problems caused by unemployment, predatory loans, uninsured medical bills, domestic violence, evictions and foreclosures. In response to this growing need, the Tennessee Supreme Court has declared access to justice for all Tennesseans its number one strategic priority. As a part of the Court's Access to Justice Initiative, all Tennessee attorneys are asked to give a voluntary contribution which will be used to fund direct legal service providers across the state. This donation will help to provide access to justice for the over one million low-income Tennesseans who have civil legal problems.

A suggested voluntary donation of \$50.00 is requested. If you wish to give a larger donation, mark the \$75 and/or \$100 donated amounts on Page One of this statement. If you wish to give a smaller donation, mark the \$25 amount. If you prefer not to donate, please indicate accordingly.

*This donation may be tax-deductible. Consult a tax expert.

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