REQUEST FOR CERTIFICATE OF GOOD STANDING FOR ATTORNEYS

Date: _____ Number of Certificates Requested:_____
[Insert Date] [Insert No. Requesting]

Attorney: _____
[Insert Attorney's Name]

BPR#: _____
[Insert No.]

Date Introduced: _____ (Not the date of license)
[Insert Date]

Place Introduced: Jackson: ____ Nashville:___ Knoxville:___ Other: _____
(Please specify)

Will Pick up: ___ [Check one]

Or

Mail Certificate: ___ Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone Number: _____
[Insert requested information]

Person Requesting Certificate: _____
[If different than above]

Fee for a Certificate is $50.00 each, payable in advance of issuing the certificate(s)

Return this form with your check made payable to:

Appellate Court Clerk Office
Supreme Court Building
401 7th Avenue North
Nashville, TN 37219

*** IF - you want your certificate Federal Expressed back to you;**
You - must enclose a return Federal Express envelope*

Questions? - Call (615) 253-1470

(Revised: 9/27/10)