

**Application for Admission to Practice Law in Tennessee
Supplemental Information**

Full Name: _____

1. **Test location desired:** Nashville Knoxville Memphis

(b) I will be available to have my personal interview in the Tennessee County of _____
(The personal interview is a licensing requirement. You will be scheduled for an interview after the bar examination. Telephone interviews are not permitted and interview locations cannot be changed.)

2. Emergency Contact Information:

(a) Parents:

Father's name: _____

Address: _____

Phone: _____

Occupation: _____

Mother's name: _____

Address: _____

Phone: _____

Occupation: _____

(b) Spouse

Name: _____

Address: _____

Phone: _____

Occupation: _____

3. **Is there any other incident, event, act or condition not herein before referred to having a bearing upon your character or fitness for admission to the bar?**

_____ Yes _____ No If so, give full details and enclose documentation, if any.

4. **Is there any reason why you cannot take and subscribe to an oath or affirmation that you will support the Constitutions of the United States and the state of Tennessee?**

_____ Yes _____ No If so, please explain on a separate sheet.

5. **(a) Have you familiarized yourself with the Rules of Professional Conduct as adopted by Rule 8 of the Rules of the Tennessee Supreme Court, and do you accept that code and agree to conduct yourself in accordance therewith, as the same may be amended or replaced from time to time by the Court?**

_____ Yes _____ No

(b) Have you familiarized yourself with Rule 9 of the Rules of the Tennessee Supreme Court governing disciplinary enforcement and do you agree to be bound thereby?

_____ Yes _____ No

6. (a) **Do you agree to abide by the duties and standards imposed from time to time on attorneys in this State?**

_____ Yes _____ No

If your answer to (a) above is **NO**, explain the basis of your application (Article VIII of Rule 7 of the Tennessee Supreme Court Rules).

(b) **Where do you intend to practice law? Please give city or county and name of law firm, if known.**

7. **Attach to this application original letters of recommendation from three (3) law professors, under whom you have studied, or lawyers or judges for whom you have worked.**

8. **If you are seeking admission on examination, do you have a disability which requires special consideration to enable you to sit for such an examination?**

_____ Yes _____ No

If yes, complete page ___ and attach a full written explanation and supporting documentation from your treating physician.

9. **If your legal education was received in a country other than the United States, furnish information demonstrating that your undergraduate and law school education was substantially equivalent to the requirements of Section 2 of Rule 7 of the Rules of the Tennessee Supreme Court.** Such written evidence should be attached to this application and may include records from your undergraduate and law schools including, but not limited to, courses taken, number of hours per course taken, grades received, and documentary evidence showing accreditation of your schools by the appropriate accrediting agency in that country.

10. **If you are licensed to practice law in a country other than the United States, furnish:**

(a) A certified copy of the record or license of the court which admitted you to practice in such country.

(b) At least three (3) letters from attorneys or judges in such country certifying that you are in good standing at that bar, or were in good standing at that bar when you left that country.

Voluntary Authorization and Release of Statistical Information to the NCBE

I, (name) _____,

born at (city) _____, (state) _____,

(country) _____, on (date of birth) _____,

having filed an application with the Tennessee Board of Law Examiners for the (mo/yr) _____,

examination, hereby authorize the Tennessee Board of Law Examiners to share the following

information with the National Conference of Bar Examiners for statistical purposes only:

LSAC#

Name

Date of Birth

Law School

Law Degree Date

Bar Passage Info (pass/fail/did not sit)

Take # (# of bar exam attempts)

TN Applicant #

AKA's

I hereby release, discharge and exonerate the Tennessee Board of Law Examiners, its agents and representatives from any and all liability of every nature and kind arising out of the furnishing of such information to the National Conference of Bar Examiners.

STATE/DISTRICT OF _____

COUNTY/PARISH OF _____

Signature of applicant

Date

Subscribed and sworn to or affirmed before me this _____ day

of _____,

Month Year

Signature of Notary Public

My commission expires _____

seal or stamp must be affixed.