THE BOARD OF PROFESSIONAL RESPONSIBILITY
FOR THE SUPREME COURT OF TENNESSEE

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

_____

BOPR No. _____

_____

**PETITION FOR REINSTATEMENT FROM ADMINISTRATIVE SUSPENSION
PURSUANT TO TENN. SUP. CT. R. 10.6(d)(1)**

Pursuant to Tenn. Sup. Ct. R. 10.6(d)(1), _____ respectfully petitions for reinstatement to the practice of law by submitting the following:

1.   Petitioner was suspended on (date) and has been suspended for one (1) year or less.

2.   Petitioner has been suspended for <u>thirty (30) days or less</u> and compliance with Tenn. Sup. Ct. R. 9, § 28 is not required.

OR

Petitioner has been suspended for <u>more than thirty (30) days</u> and proof of compliance with Tenn. Sup. Ct. R. 9, § 28 is attached hereto.

3.   As of the filing of this petition, Petitioner has completed the following (select all that apply):

a)   Paid all delinquent registration fees in the amount of <u>$_____</u>on _____;

b)   Submitted the mandatory IOLTA form pursuant to Rule 43;

c)   Paid One Hundred Dollar ($100.00) delinquent compliance fee on _____;

d)   Paid Two Hundred Dollar ($200.00) reinstatement fee on _____;

e)   Paid Five Hundred Dollar ($500.00) IOLTA reinstatement fee on _____, if applicable.

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.

WHEREFORE, having been suspended for one year or less due to failure to pay registration fees or due to failure to submit a registration statement, 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 _____