

# **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 7<sup>th</sup> Avenue North  
Nashville, TN 37219

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

**Questions? - Call (615) 253-1470**