

**BOARD OF PROFESSIONAL RESPONSIBILITY  
OF THE  
SUPREME COURT OF TENNESSEE**

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**AFFIDAVIT IN SUPPORT OF REQUEST FOR EXEMPT STATUS  
PURSUANT TO SECTION 20.2 OF RULE 9**

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Comes now the undersigned Tennessee attorney, being first duly sworn, and states as follows:

1. I desire to have my license to practice law in Tennessee placed on exempt status;
2. I am not currently engaged in the practice of law Tennessee;
3. I am not currently engaged in the practice of law outside of Tennessee;
4. I am not currently a Judge, Law Clerk, or Congressman;
5. Presently, I am not involved in any service which involves rendering legal knowledge or legal advice, whether of representation, counsel, or advocacy, in or out of court, rendered in respect to rights, duties, regulations, liabilities or business regulations of one requiring the service, including all public and private positions in which an attorney may be called upon to examine the law or to pass upon the legal effect of any act, document or law;
6. I am aware that, prior to returning from inactive status, I will have to make up all of the CLE hours I missed while exempt (to a maximum of five years), or establish an exemption for those years, or get approval of some other form of remedial program from the Tennessee Commission on Continuing Legal Education;
7. I certify that all of my Professional Privilege Tax obligations are satisfied.
8. I am retired from the practice of law: \_\_\_\_\_ Yes \_\_\_\_\_ No.
9. I am on temporary duty with the armed forces: \_\_\_\_\_ Yes \_\_\_\_\_ No.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
BPR No.

\_\_\_\_\_  
Street Address or PO Box

\_\_\_\_\_  
City, State, Zip Code

SWORN TO AND SUBSCRIBED before me, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_