

REQUEST FOR CERTIFICATE OF GOOD STANDING

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