

The Supreme Court of Texas

REGISTRATION FOR TEMPORARY PRACTICE FROM TEXAS

Pursuant to Emergency Order of the Supreme Court of Texas,
Misc. Docket No. 05-9171, issued September 30, 2005

**THIS FORM MUST BE COMPLETED IN FULL AND RECEIVED BY THE STATE
BAR MEMBERSHIP DEPARTMENT ON OR BEFORE NOVEMBER 7, 2005**

Provide the following information (pre-displacement):

Attorney Name _____
Address of Permanent Residence _____
Telephone Number(s) _____
E-mail Address _____

List every state in which you are licensed and provide the other information requested for each state:

<u>State</u>	<u>Bar Number</u>	<u>Date Licensed</u>	<u>Good Standing (Y or N)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Provide Texas contact information. You must update this information within five business days of any changes:

Texas Business Address _____
Telephone Number(s) _____
E-mail Address _____

If associating with a Texas Attorney, please provide the name and Texas Bar Number of the Texas Attorney _____
Do you intend to apply for admission to the State Bar of Texas? ___ Yes ___ No

AFFIDAVIT

Before me, the undersigned authority, personally appeared the attorney first named above, who, being by me duly sworn, deposed as follows: I am of sound mind and capable of making this affidavit. I hereby swear or affirm that: (1) the information on this form is true and accurate; (2) I am currently in good standing with the authority(ies)

regulating the practice of law in the state or states listed above; (3) because I was and remain displaced due to Hurricane Katrina or Hurricane Rita, I will be temporarily practicing from a location in Texas, the law of the jurisdiction(s) in which I am licensed; and, (4) I acknowledge and agree that, while engaging in such practice from Texas, I am subject to the attorney professional conduct and disciplinary rules of the jurisdiction(s) in which I am licensed and to the Texas Rules of Disciplinary Procedure and the Texas Disciplinary Rules of Professional Conduct.

Your Signature: _____

SWORN TO AND SUBSCRIBED before me on the _____ day of _____, 2005.

My commission expires: _____, 20__.

Signature of Notary: _____

Notary Public, State of Texas

Notary's printed name: _____

Return the original to: Membership Department of the State Bar of Texas, P.O. Box 12487, Austin, Texas 78711-12487, Fax: (512) 463-5817 (original must still be mailed). If you have any questions, please call the Membership Department at 1-800-204-2222, ext. 1383.
