

**IN THE SUPREME COURT OF TEXAS**

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Misc. Docket No. 05-9171

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**EMERGENCY ORDER PERMITTING LAWYERS DISPLACED BY  
HURRICANE KATRINA OR HURRICANE RITA TO CONTINUE  
REPRESENTING CLIENTS  
FROM TEMPORARY OFFICES IN TEXAS**

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**ORDERED** that:

Until further order of this Court, and notwithstanding Texas Government Code chapter 81, subchapter G, an attorney holding a valid law license issued by Louisiana, Mississippi, or Alabama, who is in good standing with the attorney's respective state bar, who is displaced from the attorney's home jurisdiction due to Hurricane Katrina or Hurricane Rita, and who, no later than November 7, 2005, completes and provides to the State Bar of Texas the Registration for Temporary Practice from Texas form attached to this order, is permitted to practice law until May 31, 2006, from a location in Texas as if the attorney were located in the state in which the attorney is licensed. If the State Bar does not receive this completed form on or before November 7, 2005, the displaced attorney may be subject to prosecution for the unauthorized practice of law or other sanctions or actions. Upon written request submitted to the Membership Department of the State Bar of Texas, exceptional circumstances may be considered for untimely submission of the registration form. No fee is required for the registration described in this order.

As ordered by the Supreme Court of Texas, in Chambers,

With the Seal thereof affixed at the City of Austin,  
this 30<sup>th</sup> day of September, 2005.

  
\_\_\_\_\_  
ANDREW WEBER, CLERK

THE SUPREME COURT OF TEXAS

# 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

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

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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: \_\_\_\_\_

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**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.**

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