

**APPLICATION FOR TENNESSEE SUPREME COURT  
RECOGNITION OF ATTORNEY PRO BONO SERVICE**

Please return to:

Director of Access to Justice  
Email: [ATJInfo@tncourts.gov](mailto:ATJInfo@tncourts.gov)

**Attorney Information**

Attorney Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Person Completing  
Application & Title: \_\_\_\_\_

**Please complete the section below.**

Total estimated number of pro bono hours as defined by RPC 6.1  
performed in Tennessee in the calendar year 2019 \_\_\_\_\_

I hereby certify that the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Date

**Please return this form to the address above by October 15, 2020.**