

COMPLETE AND RETURN WITH YOUR ENROLLMENT FORM TO:
STATE BAR OF GEORGIA - MEMBERSHIP DEPARTMENT
104 Marietta Street, NW - Suite 100
Atlanta, Georgia 30303

TRANSITION INTO LAW PRACTICE PROGRAM (TILPP) EXEMPTION AFFIDAVIT

STATE OF _____
COUNTY OF _____

Personally appeared before me, an officer duly authorized to administer oaths, _____

Name

Address

Georgia Attorney Bar No. (State Bar Use)

the undersigned, who after being duly sworn, deposes and states as follows:

EXEMPTIONS: (Pursuant to Rule 8-104(B)(1)(a); Rule 8-104(C)(4) or Rule 8-106(A)(b))

Check all that apply below

ADMITTED ON MOTION:

I was admitted to the U.S. jurisdiction(s) of _____ on the following date(s):

_____ prior to my admission on motion to practice law in Georgia.

ADMITTED 2 YEARS OR MORE IN ANOTHER U.S. JURISDICTION:

I was admitted to practice in the State of Georgia on (Date) _____ in

_____ County Superior Court. I was admitted to the U.S. jurisdiction(s) of

_____, on the following date(s): _____ I have been

actively engaged in the practice of law for two or more years in another U.S. jurisdiction prior to my admission to practice law in Georgia.

1 DAY- EXAMINATION:

I was admitted to practice in the State of Georgia on (Date) _____ in

_____ County Superior Court. I was admitted to the U.S. jurisdiction(s) of

_____, on the following date(s): _____ I have been

actively engaged in the practice of law for two or more years in another U.S. jurisdiction prior to my admission to practice law in Georgia.

FOREIGN LAW CONSULTANT:

I was admitted to the state(s) of _____ on the following date(s):

_____ I have been actively engaged in the practice of law for two or more years immediately prior to my

admission on motion to practice law in the State of Georgia.

NON-RESIDENT:

I am not a Georgia resident. I will comply with the applicable CLE requirements of my resident U.S. jurisdiction.

I am over eighteen years of age, under no legal disabilities, competent to give this affidavit, and have personal knowledge of the facts contained herein.
Please print and sign your name below.

Print Your Name (Required)

Your Signature (Required)

Signed, sealed and subscribed
before the undersigned this the

_____ Day of _____, _____.

Notary Public

NOTE: Original signatures are required. This information cannot be submitted electronically or via facsimile Transmission.

If you have questions about the TILPP, please call this number 404-527-8704 or email us at tilpp@gabar.org 11/08