

For Office Use Only:

Bar Number: \_\_\_\_\_ Plan Year: \_\_\_\_\_  
 Date Received: \_\_\_\_\_



## State Bar of Georgia Transition Into Law Practice Program (TILPP) EXEMPTION/DEFERMENT AFFIDAVIT



Please complete and return the **original notarized** form to:  
 State Bar of Georgia—Membership Department  
 104 Marietta Street NW, Suite 100, Atlanta, GA 30303

**PLEASE USE BLUE INK.**

**For proper notarization, this section MUST be completed.**

STATE of \_\_\_\_\_  
 COUNTY of \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 \_\_\_\_\_ Street: \_\_\_\_\_  
 Attorney Name \_\_\_\_\_  
 Bar # (if assigned): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 personally appeared before the undersigned Notary Public, who after being duly sworn, deposes, states and claims as follows:

**EXEMPTIONS/DEFERMENTS:**

*Pursuant to Rule 8-104(B)(1)(a); Rule 8-104(C)(1)or(4)*

**CHOOSE THE BEST APPLICABLE OPTION BELOW. PLEASE CHECK ONLY ONE.**

- Admitted On Motion (Exemption):**  
 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 **immediately prior** to my admission to practice law in Georgia.
- Admitted 2 Years or More in Another U.S. Jurisdiction (Exemption):**  
 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 **immediately prior** to my admission to practice law in Georgia.
- Foreign Law Consultant (Exemption):**  
 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.
- Inactive Status (Deferment):**  
 I am electing Inactive Status. I am deferred from TILPP and all CLE requirements for so long as I maintain Inactive Status.  
*(Inactive Status indicates a member who is in good standing, paid inactive dues, and by inactive election is currently **not***  
*eligible to practice law in Georgia.)*
- Non-Resident (Deferment):**  
 I am **NOT** a Georgia resident, **nor do I represent Georgia clients**. I will comply with the CLE requirements of my resident  
 U.S. jurisdiction. *Should I relocate to Georgia or begin representing Georgia clients, I must notify TILPP **immediately and***  
**enroll.**
- Judicial Clerkship (Deferment):**  
 Rule 8-104(B)(1)(b) provides that TILPP compliance can be deferred until the completion of your clerkship. Written  
 confirmation of TILPP deferral and further information will be furnished upon receipt of this form.  
 Court(s): \_\_\_\_\_ Judge(s): \_\_\_\_\_ Estimated End Date(s) of Clerkship: \_\_\_\_\_  

**You are required to submit a Judicial Clerkship Completion Form**  
**immediately upon the end of your clerkship to enroll in TILPP.**

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

*Please print and sign your name  
 in the presence of a Notary Public.*

Signed, sealed and subscribed before the undersigned this, the  
 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Notary Public

\_\_\_\_\_  
 Print Your Name (Required)

\_\_\_\_\_  
 Signature (Required)

(NOTARY SEAL)