

For Office Use Only:

Bar Number: _____ Status 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 _____	ADDRESS
COUNTY of _____	
Attorney Name: _____	Street: _____
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.

EXEMPTION

- Admitted On Motion (Exemption):**
I was admitted to the U.S. jurisdiction(s) of _____ on the following date(s): _____.
- 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.

DEFERMENT

- 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.**

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_____.

Print Your Name (Required)

Signature (Required)

Notary Public

(NOTARY SEAL)