

STATE BAR OF TEXAS REGISTRATION/ATTORNEY PROFILE FORM

Membership Department P. O. Box 12487 Austin, Texas 78711-2487 - (512) 427-1383

REMIT FORM WITH MEMBERSHIP FEES AND LEGAL SERVICES FEE EXEMPTION FORM, IF APPLICABLE

NAME: _____ **LAST 4 DIGITS SOCIAL SECURITY #:** _____

ADDRESS: Office: _____ City/State/Zip: _____
 Check Box for preferred mailing address Home: _____ City/State/Zip: _____
 (optional if office address provided)

Check this box if you do not want your personal information disclosed to the public

PHONE: Office: _____ Home: _____ (optional)

E-MAIL ADDRESS: _____ @ _____ . _____

DATE OF BIRTH: ___ / ___ / _____

LAW SCHOOL ATTENDED: _____

GRADUATION DATE: ___ / ___ / _____ **LAW DEGREE(S):** _____ **FIRST LICENSE STATE** _____
 (Month) (Year)

DATE ADMITTED TO PRACTICE IN TEXAS: ___ / ___ / _____ **FIRST LICENSE DATE (if other than Texas):** ___ / ___ / _____
 (Month) (Day) (Year) (Month) (Day) (Year)

SEX: Male Female

ETHNICITY/RACE:

- Hispanic or Latino (Also check here if you are more than one race and one of the races is Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino) Asian (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino) includes all persons who identify with more than one of the above five races.

ATTORNEY PROFILE

Pursuant to Texas Government Code Sec. 81.115(b)(6), you are required to report any public disciplinary sanctions issued by an entity in another state responsible for attorney discipline. Please provide the information below if applicable.

Other State Public Disciplinary Information:

<u>State Code</u>	<u>Sanction Code</u>	<u>Sanction Start Date (MM-DD-YYYY)</u>	<u>Sanction End Date (MM-DD-YYYY)</u>
<i>Example:</i> C A	S 7	0 4 1 5 2 0 0 1	1 0 1 5 2 0 0 1

Sanction Codes:	01 Informal Admonition	S1 Public Reprimand	S5 Disbarment	S8 Partially Probated Suspension
	02 Letter of Caution	S2 Resignation	S6 Active Suspension	
	03 Censure	S3 Disability Suspension	S7 Fully Probated Suspension	

I certify that the information provided on this form is true and correct.

CERTIFICATION SIGNATURE: _____ **DATE:** _____

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