STATE BAR OF TEXAS
ATTORNEY PROFILE FORM

Please provide the information as requested below. The information denoted with an asterisk is required. After you have completed the form, please review the form for accuracy. If the information is correct, sign and date the Attorney Profile Certification. This information will become part of your Online Attorney Profile made available to the public at www.texasbar.com.

Bar Card #: _____

Name: _____

***1) License and Certifications**

License Information

Texas License Date:_____

First License Date: _____ First License State: _____

Texas Board of Legal Specialization Certification

Specialization	Status	Year

***2) Primary Practice Location(PPL)** **Services Available at this Location(Optional)**

City: _____ **Language Translation?** ☐

State: _____ **Translation for Deaf/Hard of Hearing?** ☐

Country: _____ **ADA-accessible client service area?** ☐

☐ **I do not have a primary practice location (retired, not practicing, non-law related employment, unemployed)**

***3) Law Schools**

Law School of Record: _____

Graduation Date: _____

Degree:_____

***4) Disciplinary Information**

Public Disciplinary History – Texas

Sanction Code	Judgment Date	Sanction Start Date	Sanction End Date	Probation Start Date	Probation End Date

Sanction Codes

S1 Public Reprimand S2 Resignation S3 Disability Susp. S5 Disbarment
S6 Active Susp. S7 Fully Probated Suspension S8 Partially Probated Susp.

*** Required information**

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Name: _____

*** Public Disciplinary History – Other States**

Sanction Code	State	Start Date	End Date

Sanction Codes

01 Informal Admonition 02 Letter of Caution S1 Public Reprimand S2 Resignation S3 Disability Susp. S5 Disbarment S6 Active Susp. S7 Fully Probated Susp. S8 Partially Probated Susp.

5) Courts of Admittance/Out of State License(Optional)

Other States Where Authorized to Practice(please indicate below):

_____

Federal Courts of Admittance(Optional)

If you are admitted to practice before any federal courts, please indicate below:

_____

_____

Other Courts of Admittance(Optional) – If you are admitted before another state court, Please indicate below:

State	Court Type	Court Name

Court Type Codes

07 State Supreme Ct 08 State Appeals Ct 09 State In. Appeals Ct 10 State Trial Ct 11 State Other Ct 12 County/Parish Trial Ct 13 County/Parish Other Ct 14 Local Trial Ct 15 Local Other Ct 99 Other Ct

*** Required Information**

Attorney Profile Certification

I CERTIFY that the information I have provided for this Attorney Profile is true and correct. (Please retain a copy for your records.)

_____

Attorney Signature **Date**