

APPLICATION TO JOIN CIVIL APPOINTMENTS PANEL

United States District Court
Middle District of Tennessee

Name:

Bar Registration Number:

Address:

Telephone Number:

Email:

Admitted to Bar (Date):

Types of Civil Cases in which Attorney is willing to accept an Appointment:

Certification of Malpractice Insurance Coverage:

By signing below, I certify that I am covered by malpractice insurance that covers my representation of litigants for whom I accept appointment and that I will continue to carry coverage for the duration of my representation and my membership on the Civil Appointments Panel.

Signature

Date