



THE MISSISSIPPI BAR

Request for Disciplinary History

Requested by:

Name _____
Bar Number _____
Firm Name _____
Mailing Address _____
City/State/Zip _____
Telephone Number _____
Fax Number _____
Email Address _____

Mail an Original Disciplinary History Letter to:

Attention _____
Business Name _____
Mailing Address _____
City/State/Zip _____

Mail a Copy of the Disciplinary History Letter to:

Attention _____
Business Name _____
Mailing Address _____
City/State/Zip _____

Attorney's Signature: _____

(This form MUST be signed by the requesting attorney in order for the request to be processed.)

Please return this form to:

The Mississippi Bar
Office of the General Counsel
Attention: Kirby Cloer
Post Office Box 2168
Jackson, Mississippi 39225
Fax: (601) 608-7869
kcloer@msbar.org