



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  
Post Office Box 2168  
Jackson, Mississippi 39225  
[ogc@msbar.org](mailto:ogc@msbar.org)