

OATH OF ATTORNEY TO OBTAIN OR PRIVILEGES

I, _____, of lawful age, being first duly sworn upon oath, depose and state as follows:

1. I am a practicing attorney in good standing in the State of Oklahoma, and I am a member of the Tulsa County Bar Association. My Tulsa County Bar Association number is _____ and my OBA number is _____. *(TCBA Number will be filled in by TCBA Staff)*

2. I agree that I shall report in writing to the Tulsa County Bar Association within 72 hours of any failure of a client of mine to make any required appearance for whom I have obtained a release on my OR privileges. I will give this notice to the Court where the client failed to appear, as well as to the Executive Director of the Tulsa County Bar Association. I understand and agree that failure to self report any nonappearance by my client released under my OR privileges will result in an automatic six-month loss of my OR privileges. If I self report as stated herein within the 72-hour period following the nonappearance of my client, for the first such nonappearance by any of my clients, I will not suffer a loss of my OR privileges.

3. I understand that if I have a second failure to self report a non appearing client, this will result in the indefinite loss or suspension of my OR privileges. Upon this condition, the only way I can have my OR privileges reinstated is through the agreement of the Tulsa County Bar Association OR Committee and the Judge before whom the non appearing client(s) failed to appear.

4. Regardless of whether I have self reported one client's nonappearance, the second nonappearance by a client while another non appearing client is still at large will result in a 90-day loss of and suspension of my OR privileges. A third or more non appearing client, regardless of whether such client is self reported by myself, will result in an indefinite loss and suspension of my OR privileges until and unless all non appearing clients are in custody, or the bench warrants for their arrest(s) have been recalled. I understand that under these conditions, I will have to apply for reinstatement of my OR privileges, and upon my application date, there will be no clients of mine at large who have failed to appear as required. I will have to pay the fee in order to obtain my reinstatement.

5. I acknowledge these provisions and submit payment of the fee to obtain an identification card by which I may exercise OR privileges. The card is valid for one year, from September 1 through August 31st the following year. All conditions set forth herein are binding upon me, and I feel they are fair and reasonable for me to obtain OR privileges and to be able to continue to exercise those privileges.

Attorney

Subscribed and sworn to before me this _____ day of _____, 20__.

Notary Public

My commission expires:
