



THE MISSISSIPPI BAR

Request for Additional Time

Requested by:

Name _____

Docket Number / Complainant's Name _____

Mailing Address _____

City/State/Zip _____

Telephone Number _____

Fax Number _____

Email Address _____

Reason for the request: _____

Days requested: _____

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
Fax: (601) 608-7869
ogc@msbar.org