OATH OF OFFICE

ASSISTANT DISTRICT ATTORNEY GENERAL

I,	_, having been appointed as an Assistant
District Attorney to the District Attorney G	eneral for the Judicial District of the
State of Tennessee, comprising of the Count	ty (or Counties) of
said appointment having been made by	, the duly
appointed and serving District Attorney Ge	neral for the aforesaid Judicial District of the
State of Tennessee, make oath and swear tha	at I will perform with fidelity the duties of the
office to which I have been appointed and w	which I am about to assume, and I will support
the Constitution of the State of Tennessee ar	nd the Constitution of the United States.
	(Signature)
Subscribed and sworn before me this	day of, 20, at the
County Cou	rthouse in
Tennessee.	
HIDO	E
IUDG	E,

AFFIDAVIT OF INTENT

Ι, —	, being duly sworn, hereby			
state that I am at the present time a duly appointed, qualified and acting Assistant District				
Attorney General for the Judicial Cir	cuit of the State of Tennessee;			
I further state that I am now devoting full to	time to my duties as said Assistant			
District Attorney General, and will continue to do so as long as I am employed is such				
position, unless I notify the Commissioner of Finan	nce and Administration to the contrary. I			
will not actively engage in the practice of law in ar	ny of the Civil Courts of the State of			
Tennessee, or any other state, except such practice	e specified under the provisions of			
Section 8-7-201 of the Tennessee Code Annotated.				
	(signature)			
Sworn to and subscribed before me on this, the	day of , 19			
	Notary Public			
My commission expires:				
APPROVED:				
District Attorney General Judicial District				

State Of Tennessee

TENNESSEE DISTRICT ATTORNEYS GENERAL CONFERENCE

PRIOR SERVICE CREDIT REQUEST

NAME)	
by request that the above named emp	ployee be hired at the year salary
pased on the attached affidavit of pri	ior service.
	Signature of District Attorney Date
ACTIVE BY EX	ECUTIVE COMMITTEE
(NAME)	was approved to begin at the
year salary level.	
[] Telephone Conference Call	Signature
[] Executive Committee Meeting	ng
[] Approved Under Statutory G	Signature Guidelines
Comments:	Signature

DA-0012 (rev. 11/96)

TENNNESSEE DISTRICT ATTORNEYS GENERAL CONFERENCE AFFIDAVIT OF PRIOR SERVICE

ASSISTANT DISTRICT ATTORNEY

Name:				
Law School:	Year of Graduation	Year of Graduation:		
Date of Law License:	Bd. Of Prof. Resp	Bd. Of Prof. Respons. No.		
mo. day y	rear			
		FROM TO (mo/day/yr) (mo/day/yr)		
General Law Practice Describe nature of practice				
Estimated % of criminal defense practice				
Tennessee Prosecutor	-			
Tennessee Public Defender or Assistant Public Defender	-			
Assistant State Attorney General	-			
Military Counsel Estimated % of time spent in prosecution	-			
Law Enforcement Officer	-			
Other (please specify)				
Please enclose the following if applicable: Coredit; Copy of Law License; DD-214 if relative I hereby certify that the above information i convicted of a felony.	questing Military credit.			
	Affiance	Date		
	Notary	Date		
DA-0013	My Commission Expires:			

TENNNESSEE DISTRICT ATTORNEYS GENERAL CONFERENCE

AFFIDAVIT OF PRIOR SERVICE

CRIMINAL INVESTIGATOR

		FROM (mo/day/yr)	TO (mo/day/yr)
Criminal Investigator			
Law Enforcement Officer			
Military Law Enforcement Officer			
Post-secondary Education Degrees College or University			
Please enclose the following if applicable credit; DD-214 if requesting Military cre		employer if requesting Law	Enforcement
I hereby certify that the above information convicted of a felony.	on is accurate to the best of m	y knowledge and that I hav	e not been
	Affiance	Date	
	Notary	Date	
My Commission Expires:			