



**SUPPLEMENT 9**

**BACK-UP ATTORNEY INFORMATION**

Name of Applicant: \_\_\_\_\_

If you are a sole practitioner, please provide the name of the attorney who handles your cases in your absence.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date