



**LAW OFFICE STUDY PROGRAM
SUPERVISING ATTORNEY OR JUDGE DECLARATION**

STUDENT INFORMATION

Student Name: _____ File Number: _____

SUPERVISING ATTORNEY OR JUDGE INFORMATION

Supervisor Name: _____ State Bar Number: _____

Law Office or Judge’s Chambers Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

Law Office Study Start Date: _____

ATTESTATION

I am a licensee in good standing of the State Bar of California who has engaged in the active practice of law continuously for at least the last five years, or

I am a judge of a court of record in California.

- I will supervise the student’s studies in my law office or judge’s chambers for at least 18 hours each week, personally supervise them for at least 5 hours a week, and examine them at least once a month.
- I will, through the student, report the information required by rule 4.29(B)(5) every six months.
- I will not personally supervise more than two students simultaneously. I also supervise N/A, or,

Other Student Name: _____ File Number: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Supervisor’s Signature

Date

Print Name

State Bar Number