



**REGISTERED MILITARY SPOUSE ATTORNEY
SUPERVISING ATTORNEY DECLARATION**

APPLICANT INFORMATION

Name: _____ File Number: _____

SUPERVISING ATTORNEY INFORMATION

Supervising Attorney Name: _____ State Bar Number: _____

Phone Number: _____ Email: _____

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Effective Date of Supervision: _____

SUPERVISING ATTORNEY ATTESTATION

- I am a licensee in good standing of the State Bar of California who has engaged in the active practice of law in California for at least two years immediately preceding the time of supervision, and I have practiced law as a full-time occupation for at least four years in any U.S. jurisdiction.
- I will assume professional responsibility for any work that the applicant performs as a Registered Military Spouse Attorney (RMSA) under my supervision.
- I agree to supervise the RMSA pursuant to rule 9.41.1 of the California Rules of Court.
- I agree to assume control of the work of the RMSA in the event their registration is terminated.
- I will notify the State Bar of California within 30 days if the applicant's employment is terminated, they are no longer eligible for employment under the governing rules, I no longer meet the requirements for a supervising attorney, or I have changed my office address.

- I attest that the applicant, on the basis of reasonable inquiry, is of good moral character.

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

Signature: _____ Executed on: _____

Print Name: _____ State Bar Number: _____