## **OFFICE OF ADMISSIONS**



## PROVISIONAL LICENSURE PROGRAM (PLP) SUPERVISING LAWYER DECLARATION

## **APPLICANT INFORMATION**

Name:	File Number:
EMPLOYER AND SUPERVISING LAWYER II	NFORMATION
Employer Name:	
Employer's Address:	
City:	State: Zip:
Anticipated Effective Date of Applicant's Emp	ployment for the PLP:
The anticipated effective date of employmen will not take effect until the application is ap	nt must be after the date the PLP application is submitted, but proved.
Anticipated End Date (if applicable):	
Supervising Lawyer Name:	State Bar Number:
Phone Number:	Email:
The applicant's employment is: paid $\Box$	unpaid $\square$
The employer is an <u>IOLTA-funded organization</u>	<u>on</u> : yes □ no □
The employer will pay the fee for the Provision	onal Licensure Program Application: yes $\square$ no $\square$
SUPERVISING LAWYER ATTESTATION	
active practice of law in California or in immediately preceding the time of su	ng of the State Bar of California who has engaged in the taught law at a California Law School for at least two years, upervision, and have practiced law as a full-time occupation diction (jurisdiction name); or, I am ithin the California judicial branch.

•	I am employed by, which will employ the applicant as a Provisionally Licensed Lawyer (paid or unpaid).		
•	I will disclose to clients in writing at the outset of representation or before the Provisionally Licensed Lawyer begins to provide legal services, that a Provisionally Licensed Lawyer may provide legal services related to the client's matter.		
•	I will assume personal representation of the Provisionally Licensed Lawyer's clients if the Provisionally Licensed Lawyer becomes ineligible to practice under this rule or is otherwise unavailable to continue the representation.		
•	I will assume professional responsibility for any work that the Provisionally Licensed Lawyer performs under my supervision.		
•	I agree to supervise the Provisionally Licensed Lawyer pursuant to California Rules of Court, rule 9.49.		
•	I will notify the State Bar of California within 10 calendar days if the applicant's employment is terminated, they are no longer eligible for the program under the governing rule, I no longer meet the requirements for a supervising lawyer, I am no longer supervising the applicant, or I have changed offices or email addresses.		
	eclare under penalty of perjury under the laws of the State of California that the foregoing is true and rrect.		
Sig	gnature: Executed on:		
Pri	nt Name: State Bar Number:		