PROVISIONAL LICENSURE PROGRAM
DECLARATION BY SUPERVISING ATTORNEY

(APPLICATION TO BE LEGIBLY COMPLETED BY SUPERVISING LAWYER. THE APPLICANT MUST SUBMIT THE COMPLETED SUPERVISING DECLARATION WITHIN THE APPLICANT PORTAL.)

1. **SUPERVISING LAWYER INFORMATION**

    Supervising Lawyer Name: Bar Number:

    Employer Name:

    Office Address:

    City: State: Zip Code:

    Phone: Email:

    Expected Period of Supervision: Date Started: Completion Date:

2. **PROVISIONAL LICENSURE PROGRAM APPLICANT INFORMATION**

    Provisional Licensure Program Applicant Name:

3. **DECLARATION**

    I declare under penalty of perjury under the laws of the State of California that the following is true and correct:

    I attest that the Provisionally Licensed lawyer is employed or is volunteering at or has a conditional offer of employment or a conditional volunteer opportunity at the firm where I work, which has an office located in California.

    I attest that the nature of this employment conforms with the requirements of CA Rule of Court 9.49.

    ☐ I attest that the PLL's employment is:
    Paid ☐   Unpaid ☐   (Select One)

    ☐ I attest that the firm where I work is an IOLTA-funded organization.
    Yes ☐   No ☐   (Select One)

    ☐ I attest that the firm will be paying for the PLL's application fee.
    Yes ☐   No ☐   (Select One)

San Francisco Office
180 Howard Street
San Francisco, CA 94105

www.calbar.ca.gov

Los Angeles Office
845 S. Figueroa Street
Los Angeles, CA 90017

I meet all the eligibility requirements for a Supervising Attorney under CA Rule of Court 9.49 and will comply with the rule.

I will immediately notify the State Bar of California, Office of Admissions, within 10 calendar days if I become aware that:
- The Provisionally Licensed Lawyer has terminated employment;
- The PLL is no longer eligible for participation in the PLL program;
- I no longer meet the requirements of a Supervising Attorney under Rule of Court 9.49;
- I am no longer supervising the PLL; or
- I have changed offices or email address.

Signature: _____ Title: _____

Print Name: _____ Executed on: _____

APPLICANTS MUST SUBMIT THE COMPLETED SUPERVISING ATTORNEY DECLARATION ALONG WITH ALL SUPPORTING DOCUMENTATION WITHIN THE APPLICANT PORTAL.