The Commonwealth of Massachusetts
SUPREME JUDICIAL COURT
CLERK'S OFFICE FOR THE COUNTY OF SUFFOLK
JOHN ADAMS COURTHOUSE
ONE PEMBERTON SQUARE, SUITE 1300
BOSTON, MASSACHUSETTS 02108-1707
WWW.MASS.GOV/COURTS

ALLISON S. CARTWRIGHT
CLERK

Telephone:
(617) 557-1100
General Email:
sjccountyclerk@sjcstate.ma.us
Bar Admission Email:
sjc.mass.bar.admission@jud.state.ma.us

Certification for Law Student Practitioner (LSPC)

Directions for Application

In accordance with Supreme Judicial Court Rule 3:03[1] an application for Law Student Practitioner Certification (LSPC) must be filed with the Supreme Judicial Court Clerk's Office for the County of Suffolk.

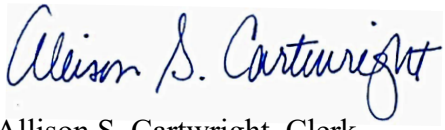
Complete the application in its entirety. All fields on the application are required to be filled. An incomplete application (*e.g.*, blank responses, unsigned, not dated, etc.) will not be accepted.

Save the completed application to portable document format (.pdf). It can then be filed as an attachment to an email and sent to sjc.mass.bar.admission@jud.state.ma.us, or it may be uploaded to Share.File.

The application for LSPC will be reviewed by the Clerk's Office. The law school, law student and/or supervising attorney will receive notice once the application has been certified and the LSPC has issued.

Please visit mass.gov for more information and frequently asked questions. If you have any questions or need further assistance, please email or call the Attorney Services Department at sjc.mass.bar.admission@jud.state.ma.us or 617-557-1050.

Very truly yours,



Allison S. Cartwright, Clerk
Supreme Judicial Court for The County of Suffolk

[1] Visit: Supreme Judicial Court Rule 3:03

The Commonwealth of Massachusetts

Suffolk, SS. Supreme Judicial Court

Application For Law Student Practitioner Certification

Law Student Information

Law Student Full Name:
First and Last Name

Address:
Street Address City State Zip

Contact:
Email Contact No.

Law School Information

Law School:

Address:
Street Address City State Zip

Academic Information Provide the current status of the below required course(s) *or* program(s):

Legal Research & Writing **Completed**
Legal Ethics ***or*** Prof. Responsibility Choose
Civil Procedure Choose
Criminal Procedure Choose
Evidence ***or*** Trial Practice Choose
Two-thirds of Law School Not Completed
Current Year of Law School
Expected Date of Graduation

Certification Information

Organization Name:

Type of Organization: Choose Affiliation

Address:
Street Address City State Zip

Beginning Date:
Ending Date:

Supervising Attorney

Attorney Full Name:
First and Last Name

Office Address:
Street Address City State and Zip

Contact:
Email Contact No.

BBO No.:
Type of Supervision: Choose

Law School Attestation

Dean or Designee:
Name and Title and Dean Number

Contact:
Email Contact No.

I hereby attest and affirm that the information contained in this application regarding the above-named student and student's academic information is in compliance with the provisions of S.J.C. Rule 3:03. Further, I state that the student's character, legal ability, and training fulfill the obligations under S.J.C. Rule 3.03.

Signature: Dean/Designee Date

Save or Print to .pdf