

The Commonwealth of Massachusetts

Suffolk, SS.

Supreme Judicial Court

Application For Law Student Practitioner Certification

Law Student Information

Last Name First Name
Address
City State Zip
Email Contact No.

Law School Information

Law School
Address
City State Zip

Academic Information

Choose the status of the required course(s) **or** clinical instruction program(s):

Legal Research & Writing **Completed** Legal Ethics **or** Prof. Responsibility
Civil procedure Criminal Procedure
Evidence **or** Trial Practice

Current Year of Law School Expected Date of Graduation

Certification Information

Organization Name
Choose the type of organization
Address
City State Zip
Beginning Date Ending Date

Supervising Attorney

Last Name First Name
BBO No.
Office Address
City State Zip
Email Contact No.
Choose expected type of supervision

Law School Attestation

Dean Dean No.
or designee (Name and Title)
Email Contact No.

I hereby attest to the aforementioned. And further attest to this student's familiarity with the provisions of S.J.C. Rule 3:03, Massachusetts Rules of Professional Conduct, Massachusetts Rules of Civil and/or Criminal Procedure; and, further attest to this law student's character, legal ability, and training.

Signature: Dean/designee

Date