

**DECLARATION OF SUPERVISING LAWYER FOR TERMINATION OF SUPERVISION**

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I, \_\_\_\_\_, License No. \_\_\_\_\_, hereby certify as follows:

I am terminating my supervision of \_\_\_\_\_, a Licensed Legal Intern under Washington Supreme Court Admission and Practice Rule (APR) 9,

**Effective** Mo \_\_\_\_\_ Day \_\_\_\_\_ Yr \_\_\_\_\_.

Reason for the termination:

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I certify under penalty of perjury under the laws of the State of Washington that the foregoing information is complete, true and correct.

Dated \_\_\_\_\_, in \_\_\_\_\_  
City/State Supervisor's Signature

Mail/fax/email this form to:

Admissions  
Washington State Bar Association  
1325 4<sup>th</sup> Ave, Ste 600  
Seattle, WA 98101-2539  
Fax: (206) 727-8313  
Email: [rule9@wsba.org](mailto:rule9@wsba.org)

