APPLICATION FOR CHANGE OF RULE 9 LICENSED LEGAL INTERN SUPERVISION

- Use this form to add or change a supervising lawyer, or to extend the supervision of a current supervising lawyer.
- Page one must be completed by the Licensed Legal Intern.
- Page two, the supervising lawyer's declaration, must be completed by the supervising lawyer.
- If the Licensed Legal Intern is leaving a clinical program and the new supervisor is not part of a clinical program and the intern has not previously paid, the fee is $50. **There is no fee to make changes to supervision if an application fee of $50 has already been paid.** Please mail the original form, plus fee (if applicable) to: Washington State Bar Association
  Attn: Admissions
  1325 4th Ave., Suite 600
  Seattle, WA 98101-2539
- No photocopies, faxes, or other electronic copies will be accepted.

Intern Name: _____ Intern ID No. _____

Phone: _____ E-mail: _____

Address: _____

My current Rule 9 WSBA Licensed Legal Intern Card lists my supervisor(s) as:

Supervisor: _____ Bar No.: _____ Supervision End Date: _____

Supervisor: _____ Bar No.: _____ Supervision End Date: _____

I wish my new card to read:

Supervisor: _____ Bar No.: _____ Supervision End Date: _____

Supervisor: _____ Bar No.: _____ Supervision End Date: _____

An intern is permitted up to two supervisors from different offices. Each supervisor from a different office must submit a declaration. Supervisors from the same office are not required to be listed on the intern's ID card. See APR 9(c) and (d)(9).

Signature of Intern: _____ Date: _____

For office use only Prod. Code: INTERN_CHANGEF 4001 Rule 9/Legal Intern Fees – 42270 – RSD Date _____ Check no. _____ Amount $_____	

WSBA

DECLARATION OF SUPERVISING LAWYER

To be completed by the Supervising Lawyer:

I, _____, Bar No. _____, hereby certify as follows:

(1) I am an active member in good standing of the Washington State Bar Association and have not been subject to discipline as described in APR 9(c)(2).

(2) I have been engaged in the active practice of law for at least 3 years, having been admitted to practice in the State of Washington in the year _____. (If admitted in Washington for fewer than 36 months, provide a certificate from the other state bar to which you belong attesting to your admission date, continuous active status (at least prior to admission in Washington) and current good standing.)

(3) I am presently engaged in the active practice of law with:

_____ with offices at
Name of Firm or Organization

_____
Mailing Address

The Licensed Legal Intern will be notified of the license effective date and legal intern ID number by letter to your office at the address on file with the WSBA. Verify your address is up to date at www.mywsba.org.

(4) I agree to act as the supervising lawyer for:

_____

from Mo. _____ Day _____ Yr _____ **until** Mo. _____ Day _____ Yr _____ and will furnish such information and reports regarding the intern's practice as may be prescribed by the Board of Governors of the Washington State Bar Association.

(5) I will faithfully supervise and direct the intern's practice and will comply with all provisions of Rule 9 of the Admission and Practice Rules and will be responsible for the intern's conduct. I understand that providing adequate supervision is the ethical duty of a supervising lawyer and that failure to do so may be grounds for discipline.

(6) This _____ is/ _____ is not a law school clinical education program that provides free legal services for low income clients.

(7) Not including this intern, the number of interns I am currently supervising is _____. (No supervising lawyer shall supervise more than one legal intern at a time, except as provided for under APR 9(f)(vi)(b) and (c)). *You must notify the WSBA in writing if your supervision of the intern ends prior to the date stated on your declaration.*

(8) If the intern is also supervised by a lawyer from another office, I have contacted the other lawyer and we have determined that such concurrent supervision will not create a conflict of interest for the Licensed Legal Intern.

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