



WSBA

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

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

I am terminating my supervision of _____, a legal intern under APR 9,

Effective Mo _____ Day _____ Yr _____.

Reason for the termination:

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 4th Ave, Ste 600
Seattle, WA 98101-2539
Phone: (206) 727-8209
Fax: (206) 727-8313
Email: admissions@wsba.org