

**INSTRUCTIONS FOR LAW STUDENT COMPLETING APPLICATION FOR
LIMITED STUDENT PRACTICE - SCR 2.540**

The "CERTIFICATIONS

**APPLICATION FOR PARTICIPATION IN
LIMITED STUDENT PRACTICE UNDER SCR 2.540**

I hereby make application for approval to participate in Limited Student Practice and in support of such application submit the following information and make the following statements in good faith, having read the Rule of the Supreme Court of Kentucky, relating to the qualification, duties, and obligations of students applying for Limited Student Practice (SCR 2.540):

(Note to Applicants – Candor in providing the following information is of the utmost importance. Please provide full disclosure of events with sufficient detail to permit proper consideration of all information provided. If space is inadequate, please include an attachment.)

1. LEGAL INTERNSHIP INFORMATION:

Name of Program _____

Name of Supervising Attorney _____

Address _____

Phone Number _____ Email of supervisor _____

2. APPLICANT INFORMATION:

Name _____
First Middle Last

SSN _____ Date of Birth _____

Place of Birth _____

Any other name(s) by which applicant has previously been known (maiden/married names, etc.):

Father's name and address (if living) _____

Mother's name and address (if living) _____

3. RESIDENCE:

List all permanent addresses for the past five years.

Current Residence

Street address _____

City/State _____ Zip _____

Phone: _____ Business Phone: _____

Email Address: _____

Prior Addresses

From Mo./Yr. _____ **To Mo./Yr.** _____

Street Address _____

City/State _____

Zip _____

From Mo./Yr. _____ **To Mo./Yr.** _____

4. EDUCATION:

Law School Current Law School attending: _____

Address _____

Date of anticipated graduation/ J.D. date _____

Name and date of attendance at any other law schools and reason for

Name _____

Address _____

City/State _____ Zip _____

Name _____

Address _____

City/State _____ Zip _____

6. EMPLOYMENT: List any and all employment that you have held during the last five (5) years. Include temporary, part-time or full- time employment. If you have additional employment, attach a separate sheet.

Began Mo./Yr. _____ **Ended Mo./Yr.** _____

Position Held _____

Name of Employer _____ Phone number _____

Name of Supervisor _____

Address _____

City/State _____ Zip _____

Reason for Leaving: _____

Began Mo./Yr. _____ **Ended Mo./Yr.** _____

Position Held _____

Name of Employer _____

Name of Supervisor _____

Address _____

City/State _____ Zip _____

Reason for Leaving: _____

AUTHORIZATION TO RELEASE RECORDS

Upon presentation of the original or a photocopy of this signed authorization,

I, _____,
(name of applicant)

authorize any and all persons or institutions to disclose any and all information to the Kentucky Office of Bar Admissions, including but not limited to copies of medical and legal records. I further authorize any inquiries, questions or interrogatories concerning me, and authorize the appearance and testimony concerning me before the Kentucky Office of Bar Admissions or any agent or representative, as requested by that Office.

The purpose of this authorization for disclosure is to provide whatever information that is necessary to assist the Office of a s s i s (s) 1 (t i m o) 2 (n) 2

OATH OF LEGAL INTERN UNDER STUDENT

PRACTICE RULE (SCR 2.540)

I, _____, do solemnly swear that I will, as a Legal Intern, support and defend the Constitution of the United States of America and the Constitution of the State of Kentucky; that cognizant of the trust placed in me and the responsibility it carries, I will conduct myself in all matters to the extent given me as an officer of the Court with the utmost fidelity toward the Court and all persons whose affairs are in any way entrusted to me, that I will neither take part in deception of the Court, nor allow deception to take place, and should any be practiced will inform the Court; that I will accept no remuneration for services performed as a Legal Intern except those specifically provided by the Rules of the Supreme Court; that I subscribe to and will abide by the Supreme Court of Kentucky; and that I will so exercise these privileges given me that it may be alike useful in the service of justice and in my preparation to assume full responsibility later as a member of the bar.

Signature of Applicant

STATE OF _____ COUNTY OF _____

Sworn to and subscribed to before me this _____ day of _____, 20____

Signature of Notary Public

My commission expires: _____