



# The State Bar of California

OFFICE OF ADMISSIONS

## LAW OFFICE STUDY PROGRAM SUPERVISING ATTORNEY OR JUDGE DECLARATION

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ File Number: \_\_\_\_\_

### SUPERVISING ATTORNEY OR JUDGE INFORMATION

Supervisor Name: \_\_\_\_\_ State Bar Number: \_\_\_\_\_

Law Office or Judge's Chambers Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Law Office Study Start Date: \_\_\_\_\_

### ATTESTATION

I am a licensee in good standing of the State Bar of California who has engaged in the active practice of law continuously for at least the last five years, or

I am a judge of a court of record in California.

- I will supervise the student's studies in my law office or judge's chambers for at least 18 hours each week, personally supervise them for at least 5 hours a week, and examine them at least once a month.
- I will, through the student, report the information required by rule 4.29(B)(5) every six months.
- I will not personally supervise more than two students simultaneously. I also supervise    N/A, or,

Other Student Name: \_\_\_\_\_ File Number: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
State Bar Number