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

The "CERTIFICATIONS AND APPROVAL OF APPLICATION TO PARTICIPATE IN LIMITED STUDENT PRACTICE" form (page 1) must be completed as follows:

- 1. Complete and sign item 1.
- 2. Have the appropriate law school officials complete and sign items 2 and 3. Electronic signatures/fill and sign signatures are acceptable.
- 3. Have the attorney who will supervise your activities as a legal intern complete and sign item 4. Electronic signatures/fill and sign signatures are acceptable.
- 4. Leave Items 5 and 6 blank.

The "APPLICATION FOR APPROVAL TO PARTICIPATE IN LIMITED STUDENT PRACTICE" must be completed as follows:

- 1. The answers to all questions must be completed, including complete addresses and zip codes. Failure to fully and candidly complete the form may result in denial of your application. If there is any doubt about how to answer a question, answer to the best of your ability. You may include an attachment to the application providing further information, if necessary. If there is any doubt about whether to disclose information, err in favor of disclosure.
- 2. The APPLICATION, the "AUTHORIZATION TO RELEASE RECORDS" and "OATH OF LEGAL INTERN UNDER STUDENT PRACTICE RULE" must be **signed by applicant and an in-person notary** and attached to your application. The "CERTIFICATION AND APPROVAL OF APPLICANT TO ENGAGE IN LIMITED STUDENT PRACTICE" form must also be attached to your application as well.

Each applicant is responsible for reading the current rules relating to the approval of law students to serve as legal interns under Limited Student Practice (SCR 2.540).

If you have any questions in regard to this application, please contact the Kentucky Office of Bar Admissions at (859) 246-2381 or by email at info@kyoba.org

Mail or hand-deliver application, along with \$25 certified check or money order made payable to the *Kentucky State Treasurer*. You may pay the fee online at https://www.kyoba.org/Views/public/Content.aspx?page_id=336 by clicking "PAY NOW" and choosing "Student Intern".

Kentucky Office of Bar Admissions 1510 Newtown Pike, Suite 156 Lexington, KY 40511-1251 Phone: (859) 246-2381

> Fax: (859) 246-2385 E-mail: <u>info@kyoba.org</u>

CERTIFICATION AND APPROVAL OF APPLICANT TO PARTICIPATE IN LEGAL INTERNSHIP PROGRAM

1. I,	, a law student at
, here	, a law student at
	of the Limited Student Practice provisions of SCR 2.540.
Signature of Applicant	Date:
	, Faculty Director of the law school oplicant seeks to participate pursuant to the provisions of SCR ant for participation in the Legal Internship Program.
Signature of Faculty Director	Date:
academic hour requirements for the	, Dean/ Associate Dean of applicant's law resaid applicant has successfully completed two-thirds of the ne first degree in law, and is otherwise approved for hip Program pursuant to the provision of SCR 2.540.
Dean/Associate Dean Law School	Date:
Kentucky Bar, hereby certify that	, a member in good standing of the I will personally supervise the activities of the aforesaid pation in the Legal Internship Program pursuant to the
Sponsor	Date:
the Kentucky Office of Bar Admi	, on behalf of the Character and Fitness Committee of ssions, hereby certify that the aforesaid applicant appears as an intern under the provisions of SCR 2.040 and SCR
Signature	Date:
Signature General Counsel to	Character & Fitness Committee
	f Justice of the Supreme Court of Kentucky, hereby approve the on in the Legal Internship Program established by SCR 2.540.
Signature	Date:
	Meter, Chief Justice

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 ____ Middle First 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	: Resid	lence

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		
Street			
City/State		Zip	
From Mo./Yr	To Mo./Yr		
Street			
City/State		Zip	
From Mo./Yr.	To Mo./Yr		
Street			
City/State		Zip	

4. EDUCATIO	ON:		
Law School C	urrent Law School at	ttending:	
Address			
Date of anticip	ated graduation/ J.D.	date_	
Name and date	of attendance at any	other law schools and reason for transfer	:
College or Uni	<u>iversity</u>		
The name and	complete address for	each undergraduate college/university att	ended:
NAME	ADDRESS	DATES OF ATTENDANCE	DEGREE
the public at la		S: Two practicing Attorneys or Judges and nould be a relative and no two persons list	
Name			
Address			
City/State		Zip	
Name			
Address			
City/State		Zin	

Name		
Address		
City/State		Zip
Name		
Address		
City/State		Zip
years. Include temporary, employment, attach a sep		nt. If you have additional
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

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		Phone number	
Name of Supervisor			
Address:			
City/State			
Reason for Leaving:			

7. CHARACTER AND FITNESS QUESTIONS:

(a) Have you ever been suspended, warned, disciplined by any college, school or teacher, sanctioned in any class, placed on academic or dis expelled or requested to resign from a college, university or law sch	sciplinary probation,	
	\square Yes \square No	
(b) Have you ever failed to answer fully and truthfully all questions on tadmission to any educational facility?	the application for	
	☐ Yes ☐ No	
(c) Have you ever been discharged, disciplined, requested formally or informate employment?		
from or terminate employment:	□Yes □No	
(d) Are there any unsatisfied judgments, liens or court orders of continuing of		
	\square Yes \square No	
(e) Have you ever defaulted on a student loan?	\Box Yes \Box No	
(f) Have you ever been a party in any civil or administrative proceeding?	\Box Yes \Box No	
(g) Have you ever received a citation for a code or ordinance violation, been taken into custody or have you ever been charged with any misdemeanor (excluding traffic), or any felony? (A positive response is to be given, when appropriate, regardless of the ultimate disposition of a citation or charge and regardless of whether a citation or charge has been expunged, sealed, segregated, voided or diverted.)		
	□Yes □No	
(h) Do you currently have any condition or impairment including, but not limited to, (i) any related substance or alcohol abuse, or (ii) a mental, emotional, or nervous disorder or condition which in any way affects, or if untreated could affect your ability to perform any of the obligations and responsibilities of a legal intern in a competent and professional manner? ("Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a legal intern.)		
l l	□Yes □ No	
(i) Have you ever organized or helped to organize or become a memorganization or group of persons which, during the period of your massociation, you knew was advocating or teaching that the governm States or any state or country or any political subdivisions thereof shor overturned by force, violence or any unlawful means?	nembership or ent of the United	

	Yes □No
(j) Are there any other incidents(s) or occurrence(s) in your life, which is not otherwite in this application, which has bearing, either directly or indirectly, upon your charfitness?	
	Yes □ No
If you answered " yes " to any of the questions outlined in (a) through (j) above, please full explanation of the circumstances. Include in the explanation the nature of the event condition, the date of the event or occurrence of the condition, and details of the ultimesolution of the event or condition.	ent or
8. MILITARY SERVICE: Are you now or have you ever been a member of the arm of the United States or any other country including the National Guard or any of the components?	
•	es 🗆 No
If yes, list:	
(a) Date of periods of active duty	
(b) Branch of Service	-
(c) Highest rank achieved and Service Number/Social Security Number used:	
(d) Date and type/explanation of discharge	-

9. VERIFICATION: I hereby certify as follo	ows:	
(a) I will immediately report to the Office of I answers given herein. I will also immediately might reflect on my moral character and integ discipline or criminal charges.	provide any info	rmation regarding events that
		$\Box Yes \ \Box No$
(b) I have read Supreme Court Rule 2.540 thad duties and obligations of Legal Interns and I a		
		□Yes □No
Signature o	f Applicant	
STATE OFCOU	NTY OF	
Sworn to and subscribed to before me this	day of	,20
Signature of Notary Public		
My commission expires:		

AUTHORIZATION TO RELEASE RECORDS

Upon presentation of the original or a photocopy of	of this signed authorization,
I,(name of applicant)	
authorize any and all persons or institutions to disc Office of Bar Admissions, including but not limite further authorize any inquiries, questions or interr appearance and testimony concerning me before the agent or representative, as requested by that Office	ed to copies of medical and legal records. I ogatories concerning me, and authorize the ne Kentucky Office of Bar Admissions or any
The purpose of this authorization for disclosure is necessary to assist the Office of Bar Admissions in for my approval as a Legal Intern in the Common	n its investigation of my character and fitness
I hereby release, discharge and exonerate the Kent representatives, and any program, institution or in any and all liability of every nature and kind arisin documents, records, and other information or the Admissions.	dividual, its agents and representatives, from ag out of the furnishing or inspection of such
	Signature of Applicant
STATE OFCOUNTY	OF
Sworn to and subscribed to before me this	_day of,20
Signature of Notary Public	
My commission expires:	

OATH OF LEGAL INTERN UNDER STUDENT

PRACTICE RULE (SCR 2.540)

Intern, support and defend the Constitution of the of the State of Kentucky; that cognizant of the trust I will conduct myself in all matters to the extent gutmost fidelity toward the Court and all persons withat I will neither take part in deception of the Conshould any be practiced will inform the Court; that performed as a Legal Intern except those specifical Court; that I subscribe to and will abide by the Su exercise these privileges given me that it may be a preparation to assume full responsibility later as a	United States of America and the Constitution of placed in me and the responsibility it carries, iven me as an officer of the Court with the whose affairs are in any way entrusted to me, art, nor allow deception to take place, and it I will accept no remuneration for services ally provided by the Rules of the Supreme preme Court of Kentucky; and that I will so alike useful in the service of justice and in my
Signatur	e of Applicant
STATE OFCOUNTY	OF
Sworn to and subscribed to before me this	_day of,20
Signature of Notary Public	
My commission expires:	