

Re: _____
Name of Law Clerk Applicant

(Please print or type)

1. Full Name: _____
Last First Middle

2. WSBA Bar Number: _____

3. Business Address: _____
Name of Business, Firm or Court

_____ Street or P.O. Box

_____ City State Zip Code

_____ Work Email Address

4. Work Telephone: () _____

5. Is the law clerk applicant employed by you or your employer? Yes No
If no, you must complete questions 14-17.

6. Is your office address located in Washington? Yes No
If no, you must also complete questions 18-20

7. Are you eligible to apply as a Primary Tutor as defined in APR 6(c)? Yes No

8. Have you ever been disbarred, suspended, reprimanded, censured, or otherwise disciplined by any jurisdiction? *If yes, give full details on an attached sheet.* Yes No

9. Name all jurisdictions and courts in which you have been admitted to the practice of law, including any limited practice and *pro hac vice*. Give the date of admission and current standing:

10. Please describe your legal education. List when you completed the Law Clerk Program or law school, degrees and dates earned:

11. Please attach a brief statement of your employment during the previous ten years, including the name of employer, inclusive dates, and primary area of law you practiced. You may provide a resume or CV if it covers the past ten years.
12. Please attach a brief statement explaining why you wish to act as a tutor and why you believe the applicant is suitable to enroll in the Law Clerk Program.
13. Have you read “Rules and Regulations Governing the Washington State Law Clerk Program” and do you agree to abide by them? Yes No

Questions 14-17 are to be completed only if the applicant is applying for an employment waiver under APR 6(b)(7)

14. Does the law clerk applicant have regular, full-time, paid employment working with a lawyer or a judge (“workplace lawyer”) that meets the requirements of APR 6, the law clerk program regulations and the employment waiver guidelines, except that the employer is not the tutor or the tutor’s employer? Yes No
15. Describe the alternative relationship between yourself, the workplace lawyer and the law clerk.
(Use a separate sheet if necessary)

16. Describe how client confidentiality and conflicts of interest will be resolved given the alternative relationship between yourself, the workplace lawyer and the law clerk. (Use a separate sheet if necessary)

17. How will the purpose of the program be maintained given the alternative relationship between yourself, the workplace lawyer and the law clerk? (Use a separate sheet if necessary)

Questions 18-20 are to be completed only if the applicant's employment location is outside of Washington

18. Do you or your workplace have a case load with at least 51 percent of the cases involving Washington law or being subject to the jurisdiction of the Washington state courts and will the law clerk spend some work time on these cases? **Yes** **No**
19. Do you agree to maintain a caseload that has substantial contact with Washington State? **Yes** **No**
20. Do you agree to annually certify that the caseload meets the substantial contact definition and that you will notify the Board if the caseload fails to meet the substantial contact definition? **Yes** **No**

Please complete the certification on the following page

Tutor's Certificate

I, _____, state under penalty of perjury under the laws of the State of Washington that I am an attorney at law duly admitted to practice law in the State of Washington; that I have read the foregoing application to act as a tutor and that the statements made therein are full, true and correct; and that I am eligible to act as a primary tutor.

I further certify that _____ (law clerk applicant) is employed on a regular, full-time basis: *(initial one below)*

_____ in my office in compliance with APR 6(3) and the Law Clerk Program Regulations.

_____ with the law clerk applicant's workplace lawyer in compliance with the employment waiver guidelines.

I further certify that I will instruct and examine the law clerk applicant faithfully in the branches of the law prescribed by the course of study approved by the Board of Governors, and that I will comply with the Rules and Regulations relating to the Law Clerk Program.

Signature

Print Name

Date and City/State where signed