

APPLICATION FOR CHANGE OF RULE 9 LEGAL INTERN SUPERVISION

- Use this form to add or change a supervising lawyer, or to extend the supervision of a current supervising lawyer.
- Page one must be completed by the legal intern.
- Page two, the supervising lawyer's declaration, must be completed by the supervising lawyer.
- If the legal intern is leaving a clinical program and the new supervisor is not part of a clinical program and the intern has not previously paid, the fee is \$50. There is no fee to make changes to supervision if an application fee of \$50 has already been paid. Please mail the original form, plus fee (if applicable) to:

 Washington State Bar Association

Attn: Special Admissions 1325 4th Ave., Suite 600 Seattle, WA 98101-2539

Intern Name:		Intern ID No.
Phone:	E-mail:	
Address:		
My current Rule 9 WSBA Lega	al Intern Card lists my supervisor	c(s) as:
Supervisor:	Bar No.:	Supervision End Date:
Supervisor:	Bar No.:	Supervision End Date:
I wish my new card to read:		
Supervisor:	Bar No.:	Supervision End Date:
Supervisor:	Bar No.:	Supervision End Date:
	1 0 00 00	Cach supervisor from a different office must ired to be listed on the intern's ID card.
Signature of Intern:		Date:
For office use only	Prod. Code: INTERN_CHANGEF 4	1001
Rule 9/Legal Intern Fees – 42270) – RSD	
Date	<u></u>	
Check no.	Amount \$	



DECLARATION OF SUPERVISING LAWYER

I,	, Bar No, hereby certify as follows:		
(1)	I am an active member in good standing of the Washington State Bar Association and have had no disciplinary sanctions imposed in the last five years;		
(2)	I have been engaged in the active practice of law for at least three years, having been admitted to practice in the State of Washington in the year (If admitted in Washington for fewer than 36 months, provide a certificate from the other state bar to which you belong attesting to your admission date, continuous active status (at least prior to admission in Washington) and current good standing.)		
(3)	I am presently engaged in the active practice of law with:		
	Name of Firm or Organization with offices at		
	Mailing Address		
	The legal intern will be notified of the license effective date and legal intern ID number by letter to your office at the address on file with the WSBA.		
(4)	I agree to act as the supervising lawyer for:		
	, a legal intern under APR 9,		
	from Mo Day Yr until Mo Day Yr and will furnish such information and reports regarding the intern's practice as a legal intern as may be prescribed by the Board of Governors of the Washington State Bar Association.		
(5)	I will faithfully supervise and direct the intern's practice and will comply with all provisions of Rule 9 of the Admission to Practice Rules and will be responsible for the intern's conduct. I understand that providing adequate supervision is the ethical duty of supervising lawyer and that failure to do so may be grounds for discipline.		
(6)	This is/ is not a law school clinical education program that provides free legal services for low income clients.		
(7)	Not including this intern, the number of interns I am currently supervising is (No supervising lawyer shall supervise more than one legal intern at a time, except a provided for under APR 9(d)(3)(i) and (ii)). You must notify the WSBA in writing if you supervision of the intern ends prior to the date stated on your declaration.		
	ify under penalty of perjury under the laws of the State of Washington that the foregoing nation is complete, true and correct.		
Dated	l, in City/State Supervisor's Signature		