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

The "CERTIFICATION AND APPROVAL OF APPLICANT TO PARTICIPATE IN LEGAL INTERNSHIP PROGRAM" 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 PARTICIPATION IN LIMITED STUDENT PRACTICE UNDER SCR 2.540" must be completed as follows:

- 1. The answers to all questions must be completed, including providing full 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 the "OATH OF LEGAL INTERN UNDER STUDENT PRACTICE RULE (SCR 2.540)" must be **signed by the applicant and a notary** and attached to your application. The "CERTIFICATION AND APPROVAL OF APPLICANT TO PARTICIPATE IN LEGAL INTERNSHIP PROGRAM" form must be attached to your application, as well.

Each applicant is responsible for reading the current rules relating to the approval of law students to participate in 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.

Payment of the \$25 application fee must be paid online at the KYOBA website **HERE**.

Scan and email the application to info@kyoba.org or mail the application to:

Kentucky Office of Bar Admissions 1510 Newtown Pike, Suite 156 Lexington, KY 40511-1251

CERTIFICATION AND APPROVAL OF APPLICANT TO PARTICIPATE IN LEGAL INTERNSHIP PROGRAM

1. I,	, a law student at
	by apply for approval to participate in the Legal Internship
Program pursuant to the provision	of the Limited Student Practice provisions of SCR 2.540.
Signature of Applicant	Date:
2. I,	, Faculty Director of the law school program in
	s to participate pursuant to the provisions of SCR 2.540, hereby
approve said applicant for participations	ation in the Legal Internship Program.
Signature of Faculty Director	Date:
academic hour requirements for th	, Dean/ Associate Dean of applicant's law esaid applicant has successfully completed two-thirds of the e first degree in law, and is otherwise approved for participation in uant to the provision of SCR 2.540.
Dean/Associate DeanLaw School	Date:
Bar, hereby certify that I will perso	, a member in good standing of the Kentucky onally supervise the activities of the aforesaid applicant as is egal Internship Program pursuant to the provision of SCR 2.540(c).
Sponsor	Date:
Kentucky Office of Bar Admission	, on behalf of the Character and Fitness Committee of the ns, hereby certify that the aforesaid applicant appears qualified to under the provisions of SCR 2.040 and SCR 2.540.
Signature	Date:
General Counsel to C	Character & Fitness Committee
	ef Justice of the Supreme Court of Kentucky, hereby approve the n in the Legal Internship Program established by SCR 2.540.
Signature	Date:
	ambert, 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 INTERNS	HIP INFORMATION:		
Name of Program			
Name of Supervising A	Attorney		
Address			
Phone Number	Email of supe	ervisor	
2. APPLICANT INFO	ORMATION:		
Name			
First	Middle	Last	
SSN	Date of	Birth	
Place of Birth			
Any other name(s) by	which applicant has previous	ly been known (maiden/married	names, etc.):
Father's name and add	`		
Mother's name and add	dress (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./YrTo	Mo./Yr	
Street address		
City/State		Zip
From Mo./YrTo	Mo./Yr	
Street		
City/State		Zip
From Mo./YrTo	Mo./Yr	
Street		
City/State		Zip
From Mo./YrTo	Mo./Yr	
Street		
City/State		Zip

4. EDUCATI	ION:		
Law School	Current Law School at	ttending	
Address			
Date of antici). date	
Name and dat	te of attendance at any	other law schools and reason for transfer	
College or Un			
The name and	d complete address for	each undergraduate college/university att	ended
NAME	ADDRESS	DATES OF ATTENDANCE	DEGREE
	e. (No reference shoul	S: Two practicing Attorneys or Judges and d be a relative and no two persons listed sl	
Name			
Address			
City/State		Zip	
Name			
Address			
City/State		Zip	

Name		
Address		
City/State	Zip_	
Name		
Address		
City/State	Zip	
	ist any and all employment that you have held time or full- time employment. If you have ac	
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		

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			Zip
Reason for Leaving			

7. CHARACTER AND FITNESS QUESTIONS:

(a) Have you ever been suspended, warned, disciplined by any college, university, law school or teacher, sanctioned in any class, placed on academic or disciplinary probation, expelled or requested to resign from a college, university or law school?
\Box Yes \Box No (b) Have you ever failed to answer fully and truthfully all questions on the application for admission to any educational facility?
\square Yes \square No
(c) Have you ever been discharged, disciplined, requested formally or informally to resign from or terminate employment?
\Box Yes \Box No (d) Are there any unsatisfied judgments, liens, or court orders of continuing effect against you?
\Box Yes \Box No
(a) Have you ever defeulted on a student loon?
(e) Have you ever defaulted on a student loan? $\Box {\rm Yes} \Box {\rm No}$
(f) Have you ever been a party in any civil or administrative proceeding?
Yes □ 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.)
\Box Yes \Box No
(h) Do you currently have any condition or impairment including, but not limited to: (i) any substance use disorder or alcohol use disorder (for which you are not in recovery); 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.) □ Yes □ No.
(i) Have you ever organized or helped to organize or become a member of any organization or group of persons which, during the period of your membership or association, you knew was advocating or teaching that the government of the United States or any state or country or any political subdivisions thereof should be overthrown or overturned by force, violence, or any unlawful means?
(j) Are there any other incidents or occurrences in your life, which are not otherwise referred to in this application, which have bearing, either directly or indirectly, upon your character and fitness? \Box Yes \Box No

If you answered "**yes**" to any of the questions outlined in (a) through (j) above, please attach a full explanation of the circumstances. Include in the explanation the nature of the event or condition, the date of the event or occurrence of the condition, and details of the ultimate resolution of the event or condition.

8. MILITARY SERVICE: Are you now or have you ever been a member of the armounited States or any other country, including the National Guard or any of the reserve	components?
	\square Yes \square 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	

	U • • • • • • • • • • • • • • • • • • •
	□Yes □No
•	ale 2.540 that is presently in effect, relating to the aterns, and I am familiar with and understand these
	□Yes □No
	Signature of Applicant
STATE OFCOUNT	TY OF
Sworn to and subscribed to before me this	day of, 20
Signature of Notary Public	

9. VERIFICATION: I hereby certify as follows:

My commission expires:

AUTHORIZATION TO RELEASE RECORDS

Upon presentation of the original or a photocopy of thi	s signed authorization,
I,	·,
I,(name of applicant)	
authorize any and all persons or institutions to disclose Office of Bar Admissions, including but not limited to inquiries, questions, or interrogatories concerning me, concerning me before the Kentucky Office of Bar Adm requested by that Office.	copies of legal records. I further authorize any and authorize the appearance and testimony
The purpose of this authorization for disclosure is to pr to assist the Office of Bar Admissions in its investigation as a Legal Intern in the Commonwealth of Kentucky.	•
I hereby release, discharge, and exonerate the Kentucky representatives, and any program, institution, or individ- and all liability of every nature and kind arising out of documents, records, and other information or the invest Admissions.	dual, its agents and representatives, from any the furnishing or inspection of such
	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:	

OATH OF LEGAL INTERN UNDER STUDENT PRACTICE RULE (SCR 2.540)

I,, do s	olemnly swear that I will, as a Legal Intern,
I,, do s support and defend the Constitution of the United States of	of America and the Constitution of the State
of Kentucky; that cognizant of the trust placed in me and	
myself in all matters to the extent given me as an officer of	of the Court with the utmost fidelity toward
the Court and all persons whose affairs are in any way en	trusted to me; that I will neither take part in
deception of the court, nor allow deception to take place,	· ·
court; that I will accept no remuneration for services perfe	
specifically provided by the Rules of the Supreme Court;	•
Rules of Professional Conduct as adopted by the Supreme	
exercise these privileges given me that it may be alike use	· · · · · · · · · · · · · · · · · · ·
preparation to assume full responsibility later as a member	er of the bar.
	Signature of Applicant
STATE OF COUNTY OF	
Sworn to and subscribed to before me this day of	, 20
Signature of Notory Dublic	
Signature of Notary Public	