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
, hereby	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, which the aforesaid applicant seeks to approve said applicant for participation	, Faculty Director of the law school program in participate pursuant to the provisions of SCR 2.540, hereby on in the Legal Internship Program.
Signature of Faculty Director	Date:
school, hereby certify that the aforesa	, Dean/ Associate Dean of applicant's law id applicant has successfully completed two-thirds of the arst degree in law, and is otherwise approved for participation in to the provision of SCR 2.540.
Dean/Associate DeanLaw School	Date:
Bar, hereby certify that I will persona	, a member in good standing of the Kentucky lly supervise the activities of the aforesaid applicant as is Internship Program pursuant to the provision of SCR 2.540(c).
Sponsor	Date:
Kentucky Office of Bar Admissions,	, on behalf of the Character and Fitness Committee of the hereby certify that the aforesaid applicant appears qualified to der the provisions of SCR 2.040 and SCR 2.540.
Signature	Date:
General Counsel to Cha	racter & Fitness Committee
	stice of the Supreme Court of Kentucky, hereby approve the n the Legal Internship Program established by SCR 2.540.
Signature	Date:
Laurance B. VanMete Supreme Court of Ke	er, 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			
	attorney		
Address			
Phone Number	Email of supe	rvisor	
2. APPLICANT INFO	DRMATION:		
Name	Middle	Last	
SSN	Date of	Birth	
Place of Birth			
Any other name(s) by v	which applicant has previousl	y been known (maiden/marr	ried names, etc.):
	ress (if living)		
Mother's name and add	lress (if living)		

3. RESIDENCE:

List all permanent addresses for the past five years.

Current Residence	
Street address	
City/State	Zip
PhoneBusi	iness Phone
Email Address	
Prior Addresses	
From Mo./YrTo Mo./Yr	· <u> </u>
Street address	
City/State	Zip
From Mo./YrTo Mo./Yr	·
Street	
City/State	Zip
From Mo./YrTo Mo./Yr	· <u></u>
Street	
City/State	Zip
From Mo./YrTo Mo./Yr	· <u>. </u>
Street	
City/State	7in

4. EDUCATION:			
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 U			
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 so	
Name			
Address			
City/State		Zip	
Name			
Address			
City/State		Zip	

Name		
Address		
City/State		Zip
Name		
Address		
City/State		Zip
		have held during the last five (5) years. ou have additional employment, attach a
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 sol teacher, sanctioned in any class, placed on academic or disciplinary probation, expelled or to resign from a college, university or law school?	
(b) Have you ever failed to answer fully and truthfully all questions on the application for	☐ Yes ☐ No
admission to any educational facility? (c) Have you ever been discharged, disciplined, requested formally or informally to resig	☐ Yes ☐ No
from or terminate employment?	□Yes □No
(d) Are there any unsatisfied judgments, liens, or court orders of continuing effect against	•
(e) Have you ever defaulted on a student loan?	□Yes □ No
	□Yes □ 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 cur have you ever been charged with any misdemeanor (excluding traffic) or any felony? (A presponse is to be given, when appropriate, regardless of the ultimate disposition of a citatic charge and regardless of whether a citation or charge has been expunged, sealed, segregat or diverted.)	oositive on or
or diverted.)	□Yes □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.)	
(i) Have you ever organized or helped to organize or become a member of any organization of persons which, during the period of your membership or association, you knew was adteaching that the government of the United States or any state or country or any political states of should be overthrown or overturned by force, violence, or any unlawful means?	vocating or
(j) Are there any other incidents or occurrences in your life, which are not otherwise refer this application, which have bearing, either directly or indirectly, upon your character and	

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 armed for United States or any other country, including the National Guard or any of the reserve com-		
	☐Yes ☐ 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		
	-	
	-	

(a) I will immediately report to the Office of Bar answers given herein. I will also immediately promight reflect on my moral character and integ discipline, criminal charges, or civil lawsuits. I school.	rovide any information regarding events that grity, including but not limited to academic
	\Box Yes \Box No
(b) I have read the version of Supreme Court Rul qualification, duties, and obligations of Legal Interprovisions.	e 2.540 that is presently in effect, relating to the erns, and I am familiar with and understand these
	□Yes □No
	Signature of Applicant
STATE OF COUNTY	Y OF
Sworn to and subscribed to before me this	_ day of
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)

support and defend the Constitution of the United of Kentucky; that cognizant of the trust placed in myself in all matters to the extent given me as an of the Court and all persons whose affairs are in any	e Court; that I subscribe to and will abide by the Supreme Court of Kentucky; and that I will so alike useful in the service of justice and in my
	Signature of Applicant
STATE OFCOUNTY	'OF
Sworn to and subscribed to before me this	_ day of
Signature of Notary Public	-
My commission expires:	