

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

The "CERTIFICATIONS



**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 \_\_\_\_\_  
*First Middle 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 Residence**

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.** \_\_\_\_\_

**4. EDUCATION:**

**Law School** Current Law School attending: \_\_\_\_\_

Address \_\_\_\_\_

Date of anticipated graduation/ J.D. date \_\_\_\_\_

Name and date of attendance at any other law schools and reason for

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

**6. EMPLOYMENT:** List any and all employment that you have held during the last five (5) years. Include temporary, part-time or full- time employment. If you have additional employment, attach a separate sheet.

**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: \_\_\_\_\_











**AUTHORIZATION TO RELEASE RECORDS**

Upon presentation of the original or a photocopy of this signed authorization,

I, \_\_\_\_\_,  
(name of applicant)

authorize any and all persons or institutions to disclose any and all information to the Kentucky Office of Bar Admissions, including but not limited to copies of medical and legal records. I further authorize any inquiries, questions or interrogatories concerning me, and authorize the appearance and testimony concerning me before the Kentucky Office of Bar Admissions or any agent or representative, as requested by that Office.

The purpose of this authorization for disclosure is to provide whatever information that is necessary to assist the Office of a s s i s ( s ) 1 ( t i m o ) 2 ( n ) 2

**OATH OF LEGAL INTERN UNDER STUDENT**

**PRACTICE RULE (SCR 2.540)**

I, \_\_\_\_\_, do solemnly swear that I will, as a Legal Intern, support and defend the Constitution of the United States of America and the Constitution of the State of Kentucky; that cognizant of the trust placed in me and the responsibility it carries, I will conduct myself in all matters to the extent given me as an officer of the Court with the utmost fidelity toward the Court and all persons whose affairs are in any way entrusted to me, that I will neither take part in deception of the Court, nor allow deception to take place, and should any be practiced will inform the Court; that I will accept no remuneration for services performed as a Legal Intern except those specifically provided by the Rules of the Supreme Court; that I subscribe to and will abide by the Supreme Court of Kentucky; and that I will so exercise these privileges given me that it may be alike useful in the service of justice and in my preparation to assume full responsibility later as a member of the bar.

\_\_\_\_\_  
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: \_\_\_\_\_