

WASHINGTON STATE
B A R A S S O C I A T I O N

DECLARATION OF SUPERVISING LAWYER FOR TERMINATION OF RULE 9 SUPERVISION

I, _____, License No. _____, hereby certify as follows:

I am terminating my supervision of _____, a Licensed Legal Intern under Washington Supreme Court Admission and Practice Rule (APR) 9,

Effective Mo _____ Day _____ Yr. _____.

Reason for the termination:

I certify under penalty of perjury under the laws of the State of Washington that the foregoing information is complete, true and correct.

Dated _____ in _____
(mm/dd/yyyy) (City, State where signed) (Supervisor's Signature)

Email this form to:
Rule9@wsba.org