

## Declaration of Rule 9 Applicant

*E-signatures are acceptable.*

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I, \_\_\_\_\_ hereby certify as follows:

1. I am the above named applicant;
2. I am making this application for the purposes of securing a limited license to practice law in the State of Washington as a Licensed Legal Intern under Rule 9 of the Washington Supreme Court Admission and Practice Rules;
3. I have read the foregoing application and the statements therein contained are full, true and correct; and
4. I have read and agree to comply with all provisions of Washington Supreme Court APR 9 and to furnish such information and reports regarding my practice as a legal intern as may be prescribed by the Washington Supreme Court or the Washington State Bar Association.

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

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

at \_\_\_\_\_  
*City/State where signed*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Applicant's Printed Name*



**CERTIFICATE FROM LAW SCHOOL OR APR 6 LAW CLERK PROGRAM**

**Certificate from Law School or APR 6 Law Clerk Program for Admission to Limited Practice as a  
Licensed Legal Intern under Rule 9 of the Admission and Practice Rules (APR 9)**

It is the responsibility of the law school dean or the dean's designee to certify that the applicant is qualified to apply for a licensed legal intern license by graduating or being enrolled, in good academic standing, and having completed the requisite legal studies. The dean/designee shall notify the WSBA if the student ceases to be duly enrolled as a student prior to graduation, ceases to be in good academic standing, or fails to successfully complete the requisite legal studies.

This is to certify that I, \_\_\_\_\_, am the \_\_\_\_\_  
(name) (title)

of \_\_\_\_\_ in the State/Commonwealth of \_\_\_\_\_  
(law school) (state/commonwealth)

and that \_\_\_\_\_ has regularly studied law in said school, and  
(name of applicant)

***Please check one:***

**Enrolled Law School Student**

- ☐ **has completed** not less than two-thirds of a prescribed three-year course of study OR five-eighths of a prescribed four-year course of study at this law school and is enrolled in a J.D. program in good academic standing. I approve of the applicant submitting an application for the APR 9 license.
- ☐ **will have completed** not less than two-thirds of a prescribed three-year course of study OR five-eighths of a prescribed four-year course of study by \_\_\_\_\_(mm/dd/yyyy), the end of the current school term at this law school, and is enrolled in a J.D. program in good academic standing. I approve of the applicant submitting an application for the APR 9 license.

**Law School Graduate**

- ☐ has completed a Juris Doctor (J.D.) from this law school as evidenced by a diploma issued to the applicant on \_\_\_\_\_(mm/dd/yyyy).
- ☐ has completed an LL.M. from this law school that meets the requirements in APR 3(b)(4) as evidenced by a diploma issued to the applicant on \_\_\_\_\_ (mm/dd/yyyy).

**APR 6 Law Clerks** (*law clerks should submit this form to lawclerks@wsba.org to be certified by WSBA staff*)

- ☐ is an enrolled APR 6 law clerk and has completed not less than five-eighths of the prescribed four-year course of study.
- ☐ has completed the APR 6 law clerk program on \_\_\_\_\_(mm/dd/yyyy).

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

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in \_\_\_\_\_.  
City, State where signed

\_\_\_\_\_  
Signature of School Official

**DECLARATION OF SUPERVISING LAWYER**

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I, \_\_\_\_\_, Bar No. \_\_\_\_\_, hereby certify as follows:

- (1) I am an active member in good standing of the Washington State Bar Association and have not been subject to discipline as described in APR 9(c).
- (2) I have been engaged in the active practice of law for at least 3 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:

\_\_\_\_\_ with offices at  
*Name of Firm / Organization or Law School Clinic*

\_\_\_\_\_  
*Mailing Address*

*The Licensed 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:

\_\_\_\_\_

**from** Mo. \_\_\_\_ Day \_\_\_\_ Yr \_\_\_\_ **until** Mo. \_\_\_\_ Day \_\_\_\_ Yr \_\_\_\_ and will furnish such information and reports regarding the intern's practice 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 and Practice Rules and will be responsible for the intern's conduct. I understand that providing adequate supervision is the ethical duty of a 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 as provided for under APR 9(f). *You must notify the WSBA in writing if your supervision of the intern ends prior to the date stated on your declaration.*
- (8) If the intern is also supervised by a lawyer from another office, I have contacted the other lawyer and we have determined that such concurrent supervision will not create a conflict of interest for the Licensed Legal Intern.

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

\_\_\_\_\_  
Supervisor's Signature