



**RETURN TO:**

STATE BAR OF GEORGIA  
TRANSITION INTO LAW PRACTICE PROGRAM  
104 Marietta Street, NW – Suite 100  
Atlanta, Georgia 30303

**WRITTEN NOTICE OF COMPLETION OF JUDICIAL LAW CLERKSHIP  
Pursuant to State Bar Rule 8-104(B)(1)(b)**

Full Name: \_\_\_\_\_ Georgia Bar Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Date of Birth: (Required) \_\_\_\_\_

**MY CLERKSHIP HAS ENDED/WILL END ON (insert date) \_\_\_\_\_  
AND MY JOB STATUS IS AS FOLLOWS (check only one item below):**

[ ] **EMPLOYED IN LAW FIRM OR LEGAL ORGANIZATION:**  
I am employed in a law firm or legal organization. I understand that my Mentor should be nominated in consultation with my employer.

My Mentor's name and Georgia Bar Number are:

**NOTE:** If your employer has not identified your Mentor yet, please initial here: \_\_\_\_\_

[ ] **SOLE PRACTITIONER:**  
I am employed as a Sole Practitioner. I understand that I have the opportunity to nominate my Mentor.

My Mentor's name and Georgia Bar Number are:

**NOTE:** If you need help locating a Mentor, initial here: \_\_\_\_\_; and list the practice areas you intend to pursue:

[ ] **OTHER:**  
I am either unemployed, or I am not employed with a law firm or legal organization. I understand that I must comply with TILPP unless I elect Inactive Status. My compliance will occur in a Group Mentoring environment.

[ ] **EXEMPT AS NON-RESIDENT (Rule 8-104 (C)(4) or Rule 8-104 (A)(6):**  
I am not a Georgia resident and request an exemption from TILPP compliance. I will comply with the applicable CLE requirements of my resident state.

I hereby certify that the above information is correct and complete. (Must be signed – notary is not required)

\_\_\_\_\_  
Your Signature

NOTE: Your original signature is required. This information cannot be submitted electronically or via facsimile Transmission.