



RETURN ORIGINAL (DO NOT FAX) TO:  
 State Bar of Georgia  
 Transition Into Law Practice Program  
 104 Marietta Street, NW – Suite 100  
 Atlanta, Georgia 30303



**MENTOR VOLUNTEER FORM**

**• SECTION I – NAME, ADDRESS & BAR NUMBER (Please complete)**

Your Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ YOUR GEORGIA BAR NUMBER: \_\_\_\_\_

**• SECTION II – EMAIL (Receipt confirmation of this form will be sent to the email address you provide below)**

Email: \_\_\_\_\_

**• SECTION III – MENTOR TYPE (Please check applicable blank and complete, if applicable)**

\_\_\_\_\_ **INSIDE MENTOR.** I am willing to serve as a Mentor to a Beginning Lawyer who will join me or my office (upon their admission to practice law in Georgia).

\_\_\_\_\_ **OUTSIDE MENTOR.** I am willing to serve as a Mentor to a Beginning Lawyer who is not employed by me or my office. I prefer to mentor a Beginning Lawyer in the following practice areas: (list practice areas)\_\_\_\_\_.

\_\_\_\_\_ **BEGINNING LAWYER (if applicable).** I will be Mentoring the following Beginning Lawyer:  
 (Name) \_\_\_\_\_ (Ga Bar Number: \_\_\_\_\_)

**• SECTION IV – CERTIFICATION, AUTHORIZATION AND RELEASE (Must be signed and notarized)**

STATE OF GEORGIA  
 COUNTY OF \_\_\_\_\_

I, undersigned volunteer for appointment as Mentor in the Transition Into Law Practice Program (“Program”), being cognizant of responsibility to the public, the Bench and the Bar, vested with the State Bar of Georgia in the nomination of persons to the Supreme Court of Georgia for such appointment:

**A. Minimum Qualifications Certification.** I DO HEREBY CERTIFY that I meet all of the Minimum Qualifications set out in Regulation (6) to State Bar Rule 8-104 (B), items (i) through (vi) below, inclusive, to be eligible for appointment:

**(i) Active Status.** I am an active member of the State Bar of Georgia, in good standing; and,

**(ii) 5 Years of Practice.** I have been admitted to practice law for not less than five (5) years; and,

**(iii) Professional Reputation.** I maintain a professional reputation in my local legal community for competence, ethical and professional conduct; and,

**NOTE – THIS IS PAGE ONE (1) OF A TWO (2) PAGE FORM**

**NOTE – THIS IS PAGE TWO (2) OF A TWO (2) PAGE FORM**

**(iv) Disciplinary Action.** I have never received the sanction of disbarment or suspension from the practice of law in any jurisdiction, nor have voluntarily surrendered my license to practice law for the purpose of disposing with a pending disciplinary proceeding in any jurisdiction. During the ten (10) years preceding the nomination as mentor, I have not been otherwise sanctioned by the pertinent entity governing the admission and practice of law in any jurisdiction. I understand that "sanctioned" means subjected to disciplinary action. (Thus, in Georgia, "sanctioned" currently means any of the levels of discipline whether public or confidential listed in State Bar of Georgia Rule 4-102(b) (i.e., Disbarment; Suspension; Public Reprimand; Review Panel Reprimand; Investigative Panel Reprimand; Formal Admonition); Rule 8-107 (C) (i.e., Administrative Suspension for deficiency in continuing legal education hours); or State Bar Bylaws Article I, Section 4, Item 2 (i.e., Failure to Register with State Bar of Georgia within one year upon eligibility)). I understand that nominations of individuals having formal complaint (s) pending before the Supreme Court of Georgia will be deferred until the final disposition of the formal complaint (s); and,

**(v) Court-ordered Disciplinary Action.** During the ten (10) years preceding the nomination as mentor, I have not been the subject of a written order issued by a court of competent jurisdiction that prohibits or otherwise limits my practice before that court or class of courts. I understand that a directive, request or order by a judge of a court requesting or directing that an attorney employed by an agency of government or a legal aid organization who is assigned to handle cases before that judge be transferred or reassigned to other duties or another courtroom does not constitute court-ordered disciplinary action under this paragraph. (NOTE: A prospective mentor who is or has within the preceding ten (10) years been the subject of such a written order may petition the Commission on Continuing Lawyer Competency (the "Commission") for a waiver of this requirement. After review of the facts and circumstances which led to the entry of such order, the Commission may, upon good cause shown, grant such waiver if the prospective mentor is otherwise qualified to be a mentor); and

**(vi) Professional Liability Insurance or Equivalent.** I am currently, and while serving as Mentor will remain, covered as an insured under a professional liability insurance policy with minimum limits of \$250,000.00/\$500,000.00, or, if applicable, the equivalent to such coverage through the legal status of my employer. I am aware that neither the State Bar of Georgia nor the Commission on Continuing Lawyer Competency provides professional liability insurance to Mentors in this Program. I assume sole responsibility for disclosing my participation in this Program to my professional liability insurance carrier (or, if applicable, to my employer whose legal status provides the equivalent to such coverage).

**B. Authorization, Confidentiality, and Release Regarding Relevant Information.** I DO HEREBY AUTHORIZE the State Bar of Georgia Office of General Counsel and any person providing information to the Program to: answer any inquiries, questions or interrogatories concerning me submitted to them by the Program or its authorized representatives; disclose complete information in any of their files; and permit the Program's authorized representatives to inspect and make copies of any complaints (including but not limited to complaints dismissed or expunged) made against me at any time whatsoever and any other records and information about or related to me. I UNDERSTAND AND AGREE that all information obtained or received in connection with my selection for and participation in the Program will be kept confidential from all other persons, firms, or corporations, including myself. I HEREBY RELEASE and exonerate the State Bar of Georgia Transition Into Law Practice Program, the State Bar of Georgia Office of General Counsel and every other person, firm, officer, corporation, association, organization or institution who provided, received, or used any information as part of my selection for and participation in the Program from any and all liability, claims, or damages of every nature and kind growing out of or in any way pertaining to providing, receiving, or using information about me in connection with selection for and participation in the Program.

**C. Continuing Duty of Disclosure.** I understand all Certifications herein are continuing and must correctly and fully show information herein sought as of the date of my appointment as Mentor (if appointed). I agree to, not later than any event, or within ten (10) days after the happening of any event (whichever is earlier) notify the Program Director, in writing, at the return address on this form, as to any change in respect to any matter regarding which information is herein sought, and as to any incident which may have any bearing upon an information sought.

**D. Certification of Date of Birth, Bar Number, Name.** I DO HEREBY CERTIFY that my Date of Birth is \_\_\_\_\_ and my State Bar Number is \_\_\_\_\_. I understand this information is required in order to verify State Bar membership records. If appointed I wish for my name to appear on the MENTOR APPOINTMENT CERTIFICATE as follows **(PLEASE TYPE OR PRINT):**

\_\_\_\_\_

IN WITNESS WHEREOF I have set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

SIGNED: \_\_\_\_\_

Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public (SEAL)