

For Office Use Only:	
Bar Number: _____	Plan Year: _____
Date Received: _____	Mentoring Type: _____



State Bar of Georgia Transition Into Law Practice Program (TILPP) ENROLLMENT FORM



Please complete and return the **original** form to:
State Bar of Georgia—Membership Department
104 Marietta Street NW, Suite 100, Atlanta, GA 30303

Additional information regarding each mentoring type can be found on the TILPP page of the State Bar website.

○ Group Mentoring

One (or more) of the following applies, and you have not elected Inactive Status: 1) You are seeking employment. 2) You do not work for a law firm or legal organization. 3) You do not have access to a qualified Mentor. Your compliance will occur in Group Mentoring sessions. Additional details will be furnished upon receipt of this form.

○ Inside Mentoring *(Employed in Law Firm or Legal Organization)*

Your Mentor should be nominated through consultation with your employer.
Print or type your Mentor's name and Georgia Bar Number:

Mentor's Name and Bar Number

If your employer is *Prosecuting Attorney's Council of GA (PACGA)*, please check here: County/Circuit: _____

If your employer is *Georgia Public Defender's Council (GPDC)*, please check here: County/Circuit: _____

If your employer has not identified your Mentor yet, please check here: . **Please ensure that you notify us of your Mentor within *ninety (90) days of being sworn in* by submitting your **Mentor Volunteer Form and Compliance Checklist**.**

○ Outside Mentoring *(Sole Practitioner)*

You have the opportunity to nominate your Mentor.
Print or type your Mentor's name and Georgia Bar Number:

Mentor's Name and Bar Number

If you are a Sole Practitioner, you have a full-time practice that is your sole means of livelihood, and you need help locating a Mentor, please check here: . You must request a Mentor within ***ninety (90) days after being sworn in***.

*An email will be sent to you within seven (7) business days of receipt of your request. Please answer Provision Seven of the email and return to our office. **A mentor will not be assigned until your responses are received.***

I hereby certify that the above information is correct and complete.

BEGINNING LAWYER NAME *(please print)*

BEGINNING LAWYER SIGNATURE **DATE**

PLEASE NOTE: *Your original signature is required. This information cannot be submitted electronically or via fax. Please call or email should you have questions.*