

For Office Use Only:

Bar Number: _____ Status Year: _____
Date Received: _____ Mentoring Type: _____



State Bar of Georgia
Transition Into Law Practice Program (TILPP)
JUDICIAL CLERKSHIP COMPLETION FORM



Pursuant to State Bar Rule 8-104(B)(1)(b)
Please complete and return the form via email to: TILPP@gabar.org
or to:

State Bar of Georgia—Transition Into Law Practice Program
104 Marietta Street NW, Suite 100, Atlanta, GA 30303

BEGINNING LAWYER INFORMATION:

Name: _____ Georgia Bar No. _____
(please print or type)

Email Address: _____ Employer: _____

MY CLERKSHIP WITH JUDGE _____ IN _____ COURT
HAS ENDED/WILL END ON _____

AND MY JOB STATUS IS AS FOLLOWS (check only one item below):

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 must 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 of the completion of your clerkship*.**

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

Deferment as a Non-Resident *State Bar Rule 8-104(C)(4)*

I am **NOT** a Georgia resident, nor do I represent Georgia clients. I will comply with the CLE requirements of my resident U.S. jurisdiction. *Should I relocate to Georgia or begin representing Georgia clients, I must notify TILPP immediately and enroll.*

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

SIGNATURE

DATE