

For Office Use Only:

Plan Period: _____ Date Received: _____
Mentor Status (O/N): _____ BL Plan Year: _____
Mentoring Type: _____ NOI/MOG Status: _____



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



Please complete and return the **ORIGINAL** form to:
State Bar of Georgia— Transition Into Law Practice Program
104 Marietta Street NW, Suite 100, Atlanta, GA 30303

Please use **BLUE** ink!

SECTION I: MENTOR INFORMATION

Mentor Name: _____ Mentor GA Bar Number: _____
Print name
Mentor Employer: _____
Mentor Phone Number: _____ Mentor Email Address: _____

**YOUR NAME WILL APPEAR ON YOUR MENTOR APPOINTMENT CERTIFICATE
AS IT APPEARS IN THE STATE BAR RECORDS.**

SECTION II: MENTORING TYPE

Please select: Inside or Outside Mentoring

Are you interested in being considered for future mentor pairings? Yes No

Outside Mentoring: Practice type(s): _____
Office Location: _____

SECTION III: BEGINNING LAWYER INFORMATION

I will Mentor the following Beginning Lawyer: _____
Print Name
Beginning Lawyer's Georgia Bar Number: _____
Beginning Lawyer Employer: _____

MENTOR CERTIFICATION, AUTHORIZATION AND RELEASE

(Must be signed by Mentor and notarized)

STATE OF GEORGIA

COUNTY OF _____

I, the undersigned attorney, do hereby request to be nominated as a Mentor in the Transition Into Law Practice Program ("TILPP").

MENTOR: Please initial each item to indicate your eligibility for each requirement:

___ A. **Minimum Qualifications Certification.**

I DO HEREBY CERTIFY that I meet all of the Minimum Qualifications set forth in State Bar Rule 8-104(B), Regulation(6), 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

(Save a tree – please print two-sided.)

___ (iv) **Disciplinary Action.** I have never received the sanction of disbarment or suspension from the practice of law in any jurisdiction, nor have I 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 TILPP. I assume sole responsibility for disclosing my participation in TILPP 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 TILPP to: a) answer any inquiries, questions or interrogatories concerning me submitted to them by TILPP or its authorized representatives; b) disclose complete information in any of their files; and c) permit TILPP'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 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 TILPP 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 TILPP 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 TILPP.

___ C. **Continuing Duty of Disclosure.**
I understand that the certifications I have made on this form are continuing and must correctly and fully show information sought herein as of the date of my appointment as a Mentor. I agree to **notify the TILPP Director within ten (10) days**, in writing to the return address on this form, or via email to tilpp@gabar.org, as to any change to the information contained herein and/or of any incident that may have any bearing upon my ability to meet the Minimum Qualifications.

___ D. **Certification of Date of Birth, Bar Number.**
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.

IN WITNESS WHEREOF, I have set my hand and seal this _____ day of _____, 20____.

Signed, sealed and subscribed before the undersigned this,
the ____ day of _____, 20____.

Notary Public

SIGNATURE OF MENTOR

(NOTARY SEAL)