



Transition Into Law Practice Program

MENTORING COMPLETION CERTIFICATE

Please complete and return the form via email to: TILPP@gabar.org

or mail to:

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

I hereby certify that _____, Bar No. _____
(Print/Type name of Beginning Lawyer)

has _____ has not satisfactorily completed a Mentoring Plan of Activities and Experiences approved by the Transition Into Law Practice Program within twelve months as required by State Bar of Georgia Rule 8-104 (B), Regulation (1)(c)(ii).

This _____ day of _____, 20____.

PLEASE NOTE:
At the conclusion of the twelve month mentoring period, the Mentor must sign this certification evidencing whether or not the Beginning Lawyer has satisfactorily completed the approved Mentoring Plan.
Transition Into Law Practice Program requires satisfactory completion of both components of the Program: Mentoring and CLE.
This document pertains only to completion of the Mentoring component.

Mentor's Name *(Please print)*

Mentor's Signature
(Notary not required)