



# State Bar of Georgia Transition Into Law Practice Program (TILPP) COMPLIANCE CHECKLIST



Please complete and return the form via email to: [TILPP@gabar.org](mailto:TILPP@gabar.org)  
or to:

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

INITIAL EACH ITEM AS APPROPRIATE

## I. BEGINNING LAWYER INFORMATION

Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
*(please print or type)*

Georgia Bar No. \_\_\_\_\_ Email: \_\_\_\_\_

## II. COMPLIANCE DEADLINE *State Bar Rule 8-104 (B)(1)*

\_\_\_\_\_ I understand **COMPLIANCE IS MANDATORY**. I must complete **all enrollment requirements** (choose the appropriate category below):

- within **ninety (90) days** of being sworn in to admission to the Bar;
- immediately upon** migrating to Inside or Outside Mentoring;
- immediately upon** the completion of my judicial clerkship;
- immediately upon** the change of my membership status from "Inactive" to "Active"; or
- immediately upon** becoming a resident of the State of Georgia or representing Georgia clients.

## III. MENTOR NOMINEE INFORMATION

Mentor's Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
*(please print or type)*

Mentor's Georgia Bar No. \_\_\_\_\_ Email: \_\_\_\_\_

## IV. MENTOR VOLUNTEER FORM

My Mentor has already submitted a Mentor Volunteer Form **on my behalf**.  
(A Mentor Volunteer Form is required for **EACH** Beginning Lawyer being mentored by said Mentor.)

My Mentor's original Volunteer Form is attached.  
(Attach the **original, notarized** form, not a copy. The form may be found at: [www.gabar.org/membership/tilpp](http://www.gabar.org/membership/tilpp).)

## V. MENTORING PLAN

My Mentor and I have both signed the attached Mentoring Plan.  
(Your signatures evidence your mutual agreement to complete the plan satisfactorily.)

- OR -

I am employed with an organization that has a Master Mentoring Plan approved by TILPP. (i.e., Prosecutor, Solicitor, Public Defender, Associate in a firm with a Master Plan. You do not have to attach a copy of your organization's Master Plan.)

## VI. SOLE PRACTITIONERS ONLY

\_\_\_\_\_ My Outside Mentor and I have both signed the attached Continuing Legal Education Agreement Form. (The form may be found at: [www.gabar.org/membership/tilpp](http://www.gabar.org/membership/tilpp).)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INCOMPLETE OR INCORRECT SUBMISSIONS WILL NOT BE ACCEPTED.**