



Transition Into Law Practice Program COMPLIANCE CHECKLIST

Please return to: TILPP@gabar.org

I. NEWLY ADMITTED 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 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*** lawyer being mentored.)

My Mentor's original [Mentor Volunteer Form](#) is attached.
(My mentor has initialed and signed the form where required)

V. MENTORING PLAN

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

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](#).

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

Signature: _____ Date: _____

INCOMPLETE OR INCORRECT SUBMISSIONS WILL NOT BE ACCEPTED.