



**REGISTERED LEGAL AID ATTORNEY
SUPERVISING ATTORNEY DECLARATION**

APPLICANT INFORMATION

Name: _____ File Number: _____

LEGAL AID ORGANIZATION INFORMATION

Organization Name: _____

Effective Date of Applicant's Employment: _____

Organization Address: _____

City: _____ State: _____ Zip: _____

Supervising Attorney Name: _____ State Bar Number: _____

Phone Number: _____ Email: _____

SUPERVISING ATTORNEY ATTESTATION

- I am a licensee in good standing of the State Bar of California who has engaged in the active practice of law in California for at least two years immediately preceding the time of supervision, and I have practiced law as a full-time occupation for at least four years in any U.S. jurisdiction.
- I am currently employed by _____, which I attest is an eligible Legal Aid Organization.
- The applicant is employed as an attorney at the eligible Legal Aid Organization.
- I will assume professional responsibility for any work that the applicant performs as a Registered Legal Aid Attorney (RLAA) under my supervision.
- I agree to supervise the RLAA pursuant to rule 9.45 of the California Rules of Court.

- I will notify the State Bar of California within 30 days if the applicant's employment is terminated, they are no longer eligible for employment under the governing rules, the organization no longer meets the requirements for an eligible Legal Aid Organization, I no longer meet the requirements for a supervising attorney, or the organization has changed its office address.
- I attest that the applicant, on the basis of reasonable inquiry, qualifies for registration as a Legal Aid Attorney and is of good moral character.

I declare under penalty of perjury under the laws of the State of California that all the foregoing is true and correct.

Signature: _____ Executed on: _____

Print Name: _____ State Bar Number: _____