



RETURN ORIGINAL (DO NOT FAX OR EMAIL) TO:
State Bar of Georgia
Transition Into Law Practice Program
104 Marietta Street, NW – Suite 100
Atlanta, Georgia 30303



MENTOR VOLUNTEER FORM

• SECTION 1 – NAME, PHONE NUMBER & GEORGIA BAR NUMBER (Please complete)

Your Name: _____

Phone Number: _____ **YOUR GEORGIA BAR NUMBER:** _____

• SECTION 2 – EMAIL (We will email confirmation of our receipt of this form to the address you provide below)

Your Email: _____

• SECTION 3 – MENTOR TYPE (Please check the blank for Inside or Outside. If Outside, list practice areas)

_____ **INSIDE MENTOR.** I am willing to Mentor a Beginning Lawyer in my firm or organization.

_____ **OUTSIDE MENTOR.** I am willing to Mentor a Beginning Lawyer who is a sole practitioner. I prefer to mentor a Beginning Lawyer in the following practice areas: (list practice areas) _____.

• SECTION 4 – BEGINNING LAWYER (Please complete if you have identified a Beginning Lawyer to Mentor)

I will Mentor the following **Beginning Lawyer (insert name):** _____

Beginning Lawyer’s Georgia Bar Number: _____

• SECTION 5 – CERTIFICATION, AUTHORIZATION AND RELEASE (Must be signed and notarized)

STATE OF GEORGIA
 COUNTY OF _____

I, the undersigned attorney, do hereby volunteer for appointment as Mentor in the Transition Into Law Practice Program (“Program”).

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

NOTE – THIS IS PAGE TWO (2) OF A TWO (2) PAGE FORM

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

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 Program Director within ten (10) days, in writing at the return address on this form, as to any change to the information continued 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, Name. 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. If appointed I wish for my name to appear on the MENTOR APPOINTMENT CERTIFICATE as follows **(PLEASE TYPE OR PRINT):**

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

SIGNED: _____

Subscribed before me this _____ day of _____, _____

Notary Public (SEAL)