**NORTH CAROLINA STATE BAR**

**PRACTICAL TRAINING OF LAW STUDENTS/CLINICAL LEGAL EDUCATION PROGRAMS**

**SUPERVISING ATTORNEY STATEMENT (LAW SCHOOL CLINIC)** Form Date: October 29, 2019

27 N.C. Admin. Code 1C, Sect. .0200

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Date]

I am a supervising attorney for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at

[name of clinic]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Pursuant to the North Carolina State Bar’s Rules

[name of school]

Governing the Practical Training of Law Students, 27 N.C. Admin. Code 1C, Section .0200 (the Rules), I

assume responsibility for the supervision of the law students listed below while they are legal interns

and enrolled in the clinic for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and certify that I will adequately

[state period of supervision]

supervise the legal interns in accordance with the Rules. [print student names below or attach list]

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[Signature] [Date]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Print Name] [Title]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Law School]

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[Mailing Address]

**Return form to**: StudentPracticeForms@NCBar.gov