

(PLEASE PRINT INFORMATION ON TOP PORTION OF FORM)

CERTIFICATE OF ELIGIBILITY FOR LAW STUDENT INTERNSHIP PRACTICE

NAME: _____ PHONE: _____

HOME ADDRESS: _____
City State Zip

EMAIL: _____

AGENCY: _____

SUPERVISING ATTORNEY: _____ PHONE : _____

BUSINESS ADDRESS: _____
City State Zip

SUPERVISING ATTORNEY'S EMAIL: _____

Anticipated Graduation Date (Required): _____

I, _____, have read, am familiar with, and will be governed in the conduct of my activities under 12-5-116.1 C.R.S. 1973, 1978 Repl. Vol. As amended, by the Code of Professional Responsibility adopted by the Supreme Court.

Date _____ Intern's Signature _____

CERTIFICATE OF REGISTRAR

I certify that _____; is duly a graduate of or enrolled in the University of _____; and has completed a minimum of two years of legal studies.

Date _____ Signature _____ Phone _____

CERTIFICATE OF DEAN

I certify that I have no personal knowledge of, or know of nothing of record that indicates that _____; is not of good moral character and, in addition, that _____ has completed the minimum of two years of legal studies, and is a student in good academic standing.

Date _____ Signature _____ Phone _____

RETURN THIS FORM TO:

Colorado Supreme Court Attorney Registration Office, 1560 Broadway, Suite 1810, Denver, CO 80202, or you may fax to: (303) 534-3643. If you have questions, please call: (303) 866-6882.