

STATE (Country) OF: _____)

_____) ss.:

COUNTY (City) OF: _____)

I (*print name of applicant*), _____, SWEAR (OR AFFIRM) that the foregoing information is true and accurate to the best of my knowledge.

Signature of Applicant: _____

Subscribed and sworn to or affirmed before me this _____ day of _____ in the year 20_____.

Notary Public*
(Affix seal or stamp.)

*** If this affidavit is sworn to outside the United States, it commonwealths, territories or possessions, and the attesting officer is not a notary public, attach a certificate of the attesting officer's authority to attest to or witness the signature of the affiant in the jurisdiction.**

To Be Completed By Supervisor:

SUPERVISOR CERTIFICATION

I **HEREBY CERTIFY** (a) that I have read the foregoing Affidavit of Compliance and (b) that the applicant has accurately described the circumstances, timing and nature of the pro bono work described therein.

▼ ATTORNEY SIGNATURE

▼ PRINT ATTORNEY NAME

▼ DATE

▼ ATTORNEY TITLE

▼ ATTORNEY EMPLOYER:

▼ JURISDICTION WHERE ADMITTED TO PRACTICE LAW:

▼ E-MAIL ADDRESS

▼ TELEPHONE

▼ COMMENTS (*if further explanation is necessary*)

