

UNITED STATES DISTRICT COURT
District of Rhode Island

**APPLICATION TO APPEAR AS LAW STUDENT COUNSEL
PURSUANT TO LR GEN 206(f)—PART I**

- (1) I am a senior law student at an American Bar Association accredited law school, have successfully completed three semesters of law school study, and have associated with a supervising attorney.

Applicant: _____

Law School: _____

Anticipated Graduation Date*: _____

Supervising Attorney: _____

- (2) I have read, acknowledge, and agree to observe and be bound by the Local Rules of the District of Rhode Island and the Rules of Professional Conduct of the Rhode Island Supreme Court.
- (3) I acknowledge that I am appearing without compensation. Any fees awarded in a case in which I appear will be awarded to the supervising attorney and/or organization.
- (4) I have included a written recommendation from the dean of the law school with this application.
- (5) I understand that failure to abide by the provisions of LR Gen 206(f) could result in revocation of my status as Law Student Counsel, and could affect my application for admission to the bar of this Court.
- (6) Have you completed, or are you currently enrolled in, a course for credit in evidence or trial procedure? Yes: No:
- (7) Have you completed, or are you currently enrolled in, a course for credit in criminal procedure? (For appearances in criminal cases.) Yes: No:

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FOR OFFICIAL USE ONLY

(Do not write)

The applicant meets the requirements of LR Gen 206(f), and may participate in the following types of cases upon approval of the presiding Judge in the case:

____ Civil

____ Criminal

____ Civil and Criminal

Deputy Clerk

Date

*Law Student Counsel status expires upon graduation.

**APPLICATION TO APPEAR AS LAW STUDENT COUNSEL
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Applicant: _____

(8) Have you ever been convicted of a crime (other than a minor traffic offense)?

Yes: No: (If Yes, please provide a full explanation.)

(9) Are there any criminal charges pending against you at this time?

Yes: No: (If Yes, please provide a full explanation.)

(10) I understand my obligation to notify this Court of any changed circumstances that affect my answers to the preceding questions.

I hereby certify that the foregoing is true and correct.

Signature

Date

Address

City, State, Zip Code

Telephone Number

E-mail Address

PLEASE RETURN THIS FORM TO THE CLERK'S OFFICE, UNITED STATES DISTRICT COURT, 1 EXCHANGE TERRACE, PROVIDENCE, RHODE ISLAND 02903.