



The Supreme Court of South Carolina

LAWYER MENTORING PROGRAM

NOTIFICATION OF COMPLETION OF GRADUATE PROGRAM

* Please download this form, enter your information electronically, and submit it via e-mail.

1. GENERAL INFORMATION

Name _____ S.C. Bar Number _____

Date of Admission to the S.C. Bar _____

Firm or Office Name _____

Address _____

Phone _____ E-Mail _____

My graduate program will/did end on _____ (date).

Upon completion of the graduate program, the following will apply:

2. QUALIFYING LAWYER INFORMATION

A) Residency

I am a resident of South Carolina. Yes No

If not a resident, please list state of residency: _____

B) State of Practice

I practice/will practice law in an office in SC. Yes No

If not practicing in S.C., please list state(s) where you will practice: _____

C) Prior Admissions

I have practiced law in another jurisdiction(s) for a minimum of two (2) years.

Yes No

If yes, please designate the state(s) and years of practice:

State(s) and Date(s) of admission: _____

Date(s) of practice: _____

ACTIVE MILITARY: If you are a member of the military, please contact the SC Bar at the email address below for further instructions concerning the Lawyer Mentoring Program.

PLEASE PROCEED TO SECTION 5 OF THIS APPLICATION IF EITHER OF THE FOLLOWING APPLIES TO YOU:

- You are not a resident of South Carolina and you do not/will not practice law in South Carolina within two years of being admitted to the SC Bar
- You have practiced law in another jurisdiction for minimum of two (2) years.

3. EMPLOYMENT INFORMATION AND MENTOR NOMINATION
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Please note that mentors nominated by the new lawyers must meet the qualifications as found in Section (i), Rule 425, SCACR.

A) I am/will be employed:

- 1) In a law firm or office. The following member of the law firm/office or an outside lawyer has agreed to serve as my mentor:

Mentor's name _____ S.C. Bar Number _____

- 2) In a law firm or office which has an internal mentoring program that has been certified by the Mentoring

My mentor has been/will be appointed in consultation with my employer.

Mentor's name _____ S.C. Bar Number _____

Note: Please see the list of internal programs that have been certified.

- 3) As a solo practitioner. The following lawyer has agreed to serve as my mentor:

Mentor's name _____ S.C. Bar Number _____

- 4) As a solo practitioner. I do not have a mentor and request that one be appointed by the Lawyer Mentoring Program. **If requesting that a mentor be appointed**, please list all areas of practice:

B) I am unemployed or working in a non-legal capacity:

1) The following lawyer has agreed to serve as my mentor:

Mentor's name _____ S.C. Bar Number _____

2) I request that a mentor be appointed by the Lawyer Mentoring Program.
If requesting a mentor be appointed, please list all areas of interest:

4. WAIVER REQUEST

I request that my participation in the Lawyer Mentoring Program be waived pursuant to special circumstances as outlined in Section (d), Rule 425, SCACR.

Circumstances for waiver include qualifying lawyers who will not actively practice law for a minimum of two (2) years.

If you are requesting a waiver from participation in the program, you must complete a Participation Deferment or Waiver Request.

I have completed the attached Participation Deferment or Waiver Request and request that I be considered for a participation waiver.

5. SIGNATURE

I certify that the above information is true and correct.

DATE

NEW LAWYER SIGNATURE & BAR #

*Please sign and print.

Please return the completed form(s) via e-mail to:

mentors@scbar.org D.
Nichole Davis
Program Administrator
ndavis@scbar.org