**PARTICIPATION DEFERMENT OR WAIVER REQUEST**

Please only fill out this form if you are not a qualifying lawyer in terms of the mentoring program or are in a judicial clerkship or other graduate program.

1. **GENERAL INFORMATION**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**S.C. Bar Number \_\_\_\_\_\_\_\_\_\_\_\_ Date of Admission to the S.C. Bar \_\_\_\_\_\_\_\_\_\_\_\_**

**Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/State/ZIP Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **QUALIFYING LAWYER INFORMATION**
2. **I am a resident of South Carolina.**

Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_

If not a resident of South Carolina, please list your state of residency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **I practice or will practice law in an office located in South Carolina.**

Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_

If not practicing in South Carolina, please list the state(s) where you will practice: \_\_\_\_\_\_\_\_\_\_\_

1. **I have practiced law in another jurisdiction for more than two (2) years.**

Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

If yes, please designate the state(s) of admission and how many years you have practiced in each.

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

**PLEASE PROCEED TO SECTION 4 OF THIS FORM IF EITHER OF THE FOLLOWING APPLIES TO YOU:**

1. You are not a resident of South Carolina and you have not practiced and do not plan to practice law in South Carolina.
2. You have practiced law in another jurisdiction for a minimum of two (2) years.
3. **DEFERMENT INFORMATION**

**JUDICIAL CLERKSHIP**

I request a deferment from participation in the Lawyer Mentoring Program because, during the first year of admission to the S.C. Bar:

**\_\_\_\_\_ I will be serving as a judicial clerk in the state court.**

Name of judge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date clerkship begins \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date clerkship ends \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_ I will be serving as a judicial clerk in the federal court.**

Name of judge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date clerkship begins \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date clerkship ends \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please initial: \_\_\_\_\_** I understand that I am required to participate in the Lawyer Mentoring Program upon the completion of this clerkship and that I am required to provide written notice to the Mentoring Program Coordinator within thirty (30) days after the completion of this clerkship.

**FURTHER GRADUATE PROGRAM**

\_\_\_\_\_ I request a deferment from participation in the Lawyer Mentoring Program because, during my first year of admission to the S.C. Bar, **I will be enrolling in a further graduate program.**

 Name of school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of graduate program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date program begins \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date program ends \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please initial:** \_\_\_\_\_ I understand that I am required to participate in the Lawyer Mentoring Program upon the completion of my graduate program if I complete the graduate program within two (2) years after admission to the South Carolina Bar. I must provide written notice to the Mentoring Program Coordinator within thirty (30) days after completion of the program.

1. **WAIVER INFORMATION**

I request a waiver from participation in the Lawyer Mentoring Program because:

\_\_\_\_\_ **I am not a resident of South Carolina.**

\_\_\_\_\_ **I am not engaged in the active practice of law in South Carolina and do not intend to be for a minimum of two (2) years.**

\_\_\_\_\_ **I was admitted in another jurisdiction two (2) or more years ago.**

**Please initial:** \_\_\_\_\_ I understand that if my status changes within the first two (2) years of admission to the S.C. Bar, I must notify the Mentoring Program Administrator in writing within thirty days and participate in and complete the Lawyer Mentoring Program in a timely manner.

1. **SIGNATURE**

I certify that the above information is true and correct.

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

**DATE SIGNATURE**

 Please print and sign.

**Please return the completed Participation Deferment or Waiver Request and the New Lawyer Information Request Form to:**

Brie Porter

Mentoring Program Coordinator

briana.porter@scbar.org