

ARIZONA LAWYER APPRENTICE PROGRAM (ALAP)

SUPERVISING ATTORNEY AFFIDAVIT

Pursuant to Administrative Order (AO) 2024-148

Please read the following Supervising Attorney Affidavit and **initial each line** to indicate you have read each matter and understand the requirements. **Sign the affidavit at the bottom of page 2.** This document must be completed and submitted before the ALAP applicant can be issued an ALAP license.

I hereby certify that:

_____ I am admitted to the practice of law in Arizona by the Arizona Supreme Court.

_____ I am an active member in good standing with the State Bar of Arizona under Arizona Supreme Court Rule 32.

_____ I have been an active member of the bar in at least one jurisdiction in the United States for at least five years. If not in Arizona, please identify the state bar where you were an active member for at least five years _____ and your bar license number _____.

_____ I have no pending discipline matters in any jurisdiction where I am licensed to practice law.

_____ I work for the public law employer or for the rural area employer in which the ALAP applicant will practice.

_____ My public law employer or rural area employer is a qualifying employer under AO 2024-148 and meets the requirements of rural area or public law as defined by the AO. For purposes of ALAP, a “rural area” is defined as any county with a population of fewer than 600,000 in the most recent census. For purposes of ALAP, “public law” is defined as providing legal services for a government or non-profit public law firm.

_____ I do not have a familial relationship with the ALAP applicant or to any other person with whom the ALAP applicant maintains a close familial relationship, including any person residing in the ALAP applicant’s household.

_____ I will comply with the following ALAP supervision requirements, including timely submission of required progress reports.

- Months 1-4: The supervising attorney must assist and counsel the ALAP licensee on the completion of professional activities and review such activities with the ALAP licensee to the extent required for training and for the protection of the client.
- Months 5-7: The supervising attorney must provide ongoing supervision to the ALAP licensee through monthly check-ins, reviewing with the ALAP licensee a self-reflection of their work, and provide a progress report to the Administrative

Office of the Courts (AOC). Additional assistance or review of professional activities may be provided to support the ALAP licensee.

- Months 8-24: The supervising attorney must check-in with the ALAP licensee periodically and provide ongoing mentorship and guidance as needed to support the ALAP licensee and provide a progress report to the AOC after 12 months. Additional assistance or review of professional activities may be provided to support the ALAP licensee.

_____ I am aware that once the ALAP applicant becomes licensed, the ALAP licensee must comply with continuing legal education (CLE) requirements (Ariz. S.Ct. Rule 45), the Arizona Rules of Professional Conduct (Ariz. S.Ct. Rule 42), the Lawyer's and Legal Professional's Creed of Professionalism (Ariz. S.Ct. Rule 41(c)), as well as the timely payment of dues to the State Bar of Arizona for active membership.

_____ I am aware that the ALAP licensee's progress reports are considered confidential records of applicants for admission (Ariz. S.Ct. Rule 37(c)).

_____ I understand that at the end of the supervisory period, I will need to provide the AOC with an attestation stating that the ALAP licensee "is capable of practicing law in Arizona without supervision," for the licensee to be recommended for full admission.

_____ I am aware that it is recommended that employers should provide ALAP licensees with salary and benefits similar to those provided to their first-year associates or attorney employees.

I will associate with and supervise ALAP applicant (name): _____

Supervising Attorney Name: _____

Bar Number: _____

Firm/Organization Name: _____

Business Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email: _____

Signature: _____ **Date:** _____