

**United States Court of Appeals for the Second Circuit
Thurgood Marshall United States Courthouse
40 Foley Square
New York, NY 10007
(212) 857-8500**

DEBRA A. LIVINGSTON
CHIEF JUDGE

CATHERINE O'HAGAN WOLFE
CLERK OF COURT

**LAW STUDENT PRACTICE FORM
To Be Submitted with a L.R. 46.1(e) Motion for Permission to Appear**

This five-part form must be completed and submitted together with a LR 46.1(e) motion.

1. To Be Completed by the Client (including a government entity, if appropriate):

I authorize _____, a law student or recent graduate, to appear in court or other proceedings and to prepare documents on my behalf or on behalf of _____(agency) in _____, Second Circuit Docket Number _____.

I certify that (___) I am or (___) the _____ (agency) is not paying any compensation or other remuneration for the student's services.

(Date)

(Client's or Authorized Representative's Signature)

(Print Client's Name or Authorized Representative's Name and Title)

(Please attach a separate approval for each client involved, if more than one.)

2. To Be Completed by the Law Student's Supervising Attorney:

I certify that I am a member in good standing of the bar of this Court. I will carefully supervise this student's work, assist the student to the extent necessary, assume professional responsibility for the student's work and sign all documents the student prepares. I will accompany and appear with the student in all proceedings before the Court and be prepared to supplement any written or oral statements made by the student to the Court or opposing counsel.

(Date)

(Supervising Attorney's Signature)

(Print Supervising Attorney's Name)

Firm (if any), Address & Tel.:

3. To Be Completed by Law Student:

I certify that I have (___) completed at least four (4) full-time semesters of an ABA-accredited law school or the equivalent or (___) graduated from an ABA-accredited law school and am awaiting the results of the first bar examination or bar admission process of any state. I am familiar with and will comply with the ABA Code of Professional Responsibility, the Federal Rules of Appellate Procedure, the Rules of this Court, and any other federal rules relevant to this appeal.

(Date)

(Student's Signature)

(Print Student's Name)

4. To Be Completed by the Dean or a Designated Faculty Member of the Law School Attended by the Student:

I certify that _____(law school) is ABA-accredited and that this student (___) has completed at least four (4) full-time semesters of law school or the equivalent or (___) has graduated and possesses, to the best of my knowledge, good character and competent legal skills.

(Date)

(Dean or Faculty Member's Signature)

(Print Dean or Faculty Member's Name)

5. Law School and Clinic Contact Information:

Law School Name, Address, & Tel.:

Clinic Name, Address, & Tel.:
