AFFIDAVIT OF APPLICANT

State of_____)
)ss.
County of_____)

I, _____, certify under oath that:

1. I am duly enrolled, in good academic standing, and have completed two-thirds (2/3) of the prescribed course of study at a law school that is fully or provisionally approved by the ABA;

   OR

   I am duly enrolled, in good academic standing, and am currently completing two-thirds (2/3) of the prescribed course of study at a law school that is fully or provisionally approved by the ABA;

   OR

   I graduated from a law school that is fully or provisionally approved by the ABA within the past 12 months;

2. I have carefully read and understand Idaho Bar Commission Rule 226, with specific recognition to the limitations on the right to practice law and agree to comply with all of its provisions.

3. I agree to furnish such information and reports regarding my practice as a legal intern as may be prescribed by the Idaho State Bar Board of Commissioners, including the obligation to keep the Idaho State Bar, my supervising attorney, and the Idaho Supreme Court advised of my current residence.

4. I agree to be personally responsible for all services provided as a legal intern.

5. I agree to advise all clients, prior to performing any services, of my status as a legal intern and the restrictions on my ability to practice law.

6. I agree to advise all courts, prior to appearing, of my status as a legal intern.

7. I have read, am familiar with, and will abide by the Idaho Rules of Professional Conduct as now or hereafter adopted by the Idaho State Bar and Idaho Supreme Court.

8. I understand that approval of my application shall not constitute a finding of good moral character and fitness for the purposes of meeting the qualifications for permission to take the bar examination or for admission to the practice of law.

9. I have read the foregoing application and the statements therein contained are full, true and correct.

_____

(Signature of Applicant)

SUBSCRIBED AND SWORN to before me this _____ day of _____,

_____.

_____

(Signature of Notary)

Notary Public for the State of _____

Residing at _____

Commission Expires _____