

## Certification of Supervising Ohio Attorney

\_\_\_\_\_  
(State, Commonwealth, etc.)

\_\_\_\_\_  
(County, Borough, etc.)

I, \_\_\_\_\_, am an active Ohio attorney, in good standing, and have been licensed to practice law in Ohio, for at least three years. I understand that I am providing verification that \_\_\_\_\_ (name of applicant) is seeking authorization to Practice Pending Admission to Practice Law During the Admissions Process pursuant to Supreme Court Order 2020-Ohio-2954.

I HEREBY CERTIFY that I will supervise the above-referenced applicant for purposes of their application for authorization to practice pending admission during the admissions process.

I understand that until such time as the applicant no longer qualifies to Practice Pending Admission that I will: make myself reasonably available to the applicant; provide mentoring to the applicant as needed; provide written notice to the applicant and the Office of Bar Admissions if I terminate the supervisory relationship; and that my name and bar id number will be on all papers filed by the applicant with a court.

The information above is true, complete, and accurate to the best of my knowledge. I understand that knowingly providing false information in this document may result in the applicant's certificate being terminated, investigation by the Ohio Office of Disciplinary Counsel or a bar association certified grievance committee, and that it may also result in a contempt of court finding against me which could result in a jail sentence and fine, or criminal penalties under R.C. 2921.13.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Ohio Attorney Registration Number

\_\_\_\_\_  
Date