



Access to Justice Internship Program (ATJIP)

Fall 2024 APPLICATION

Addendum A – Statement of Supervising Attorney

Program Name: _____

Supervising Attorney Name: _____

Supervising Attorney Email Address: _____

Program Address: _____

City: _____ State: _____ Zip Code: _____

Student Name: _____

Placement period:

Fall 2024 (September – December) , a minimum of 200 hours total)

By my initials and signature below, I agree to and understand the following:

_____ I will ensure that the law student will receive an orientation about the mission of the office; workplace policies and procedures; resources available; and confidentiality of client information, documents and files. I will provide training materials or a list of suggested readings to him/her.

_____ The law student will be assigned to do significant legal work. I agree to assign tasks based on his/her needs, keeping in mind that some projects and/or opportunities for observation are more suited to student objectives than others. I will plan challenging, varied assignments, including substantive legal research and writing.

_____ I will be responsible for monitoring and evaluating the law student. If he/she receives work from several people, I will be aware of all assignments and resolve any conflicts that arise. He/she may occasionally work with non-lawyer professionals, but I understand that the law student's work must be primarily legal in nature. I will meet regularly with him/her to discuss cases, proceedings, clients, professional responsibility issues, and activities observed, knowing such interactions will help him/her develop insight into the role of lawyers.

Signature