



STATE (Country) OF: \_\_\_\_\_)

\_\_\_\_\_ ) ss.:

COUNTY (City) OF: \_\_\_\_\_)

I (name of applicant), \_\_\_\_\_, SWEAR (OR AFFIRM) that the foregoing information is true and accurate to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_

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

Subscribed and sworn to or affirmed before me this

\_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_\_.

\_\_\_\_\_  
**Notary Public**  
(Affix seal or stamp.)

(If this affidavit is sworn to outside the United States, its commonwealths, territories or possessions, attach a certificate of the attesting officer's authority.)

**To Be Completed By Supervisor:**

**SUPERVISOR CERTIFICATION**

I HEREBY CERTIFY (a) that I have read the foregoing Affidavit of Compliance and (b) that the applicant has accurately described the circumstances, timing and nature of the pro bono work described therein.

\_\_\_\_\_  
▼ ATTORNEY SIGNATURE

\_\_\_\_\_  
▼ PRINT ATTORNEY NAME

\_\_\_\_\_  
▼ DATE

\_\_\_\_\_  
▼ ATTORNEY TITLE

\_\_\_\_\_  
▼ ATTORNEY EMPLOYER:

\_\_\_\_\_  
▼ JURISDICTION WHERE ADMITTED TO PRACTICE LAW:

\_\_\_\_\_  
▼ E-MAIL ADDRESS

\_\_\_\_\_  
▼ TELEPHONE

\_\_\_\_\_  
▼ COMMENTS (if further explanation is necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_