

REQUEST FOR RULE 9 CERTIFICATION

Please be sure to follow these instructions, in this order:

1. Complete Section A of this form.
2. Email the form to your supervising attorney and have them complete Section B.
3. Deliver the form to the Office of Student Finance and Records.
4. When you receive your certificate from the Supreme Court, deliver a copy of it to your supervisory attorney and, if you are in a clinical externship program, to your professor.

NOTE: Do not engage in the practice of law pursuant to Rule 9 until you have obtained a copy of an Order from the Supreme Court of Rhode Island permitting you to do so.

Section A (to be completed by student): _____

Student name: _____ Student phone number: _____

Student address: _____

Student email address: _____

Placement site: _____

Supervising attorney's name: _____

Supervising attorney's phone number: _____

Supervising attorney's email address: _____

Placement start date: _____
(usually the first day of classes)

Placement end date: _____
(usually the end of the exam period)

I am requesting Rule 9 certification for the following program:

- Criminal Defense Clinic
- Immigration Clinic
- Public Interest Clinical Externship Program
- Prosecution & Government Clinical Externship Program
- Environmental & Land Use Clinical Externship Program
- Summer Clinical Externship Program
- Independent Internship

Section B (to be completed by supervising attorney):

Placement site: _____

Placement site address: _____

Supervising attorney's name: _____

Supervising attorney's Rhode Island Bar Number: _____

By signing this document, I hereby certify that _____ will be working under my supervision without compensation on behalf of:

- The state, including a subdivision thereof or a municipal corporation
- Indigent parties in criminal or civil proceedings in (check all that apply):
 - District Court
 - Family Court
 - Rhode Island Traffic Tribunal
 - Any municipal court (including probate and housing)
 - Any state or municipal administrative agency, board, or department

I further certify that I am a member of the bar of this state, and that I am:

- A special or assistant attorney general
- A municipal solicitor
- Employed by the Office of the Public Defender or any other state agency
- Associated with an organized and approved program providing legal services to indigents that is:
 - Funded in whole or in part by the federal government
 - Funded in whole or in part by the Rhode Island Bar Foundation
 - Sponsored by a law school accredited and approved by the American Bar Assoc.

Supervising Attorney's Signature

Date

Section C (to be completed by law school):

I hereby certify that the above-named student has successfully completed the equivalent of at least three full-time semesters of the student's course of law school study, is of good character, legal ability, and training, and:

Has completed the following course(s) (check all that apply):

- Evidence
- Trial Practice

AND/OR

Is enrolled in the following course(s) (check all that apply):

- Evidence
- Trial Practice

Jared A. Goldstein, Associate Dean for Academic Affairs

Date