



### Affidavit of Supervising Attorney

I, \_\_\_\_\_, am a Pennsylvania-licensed attorney in good standing and am engaged in the practice of law in Pennsylvania.  
Supervisor (Print Name)

I certify that I will supervise \_\_\_\_\_ in the performance of legal work at the employer named below should the applicant be admitted to practice law in Pennsylvania under Pa.B.A.R. 304 (Limited Admission of Spouses of Active-Duty Service Members of the United States Uniformed Services). I agree to notify the Board in the event the applicant leaves my employment or supervision.  
Applicant (Print Name)

I understand that the supervision required must be sufficient to ensure I have knowledge of the specific conduct at a time when its consequences may be avoided or mitigated and that I ratify the conduct. I understand that the limited license granted under Pa.B.A.R. 304 will expire without notification if any of the provisions of the rule are no longer satisfied. I will assume responsibility for the applicant's work should the applicant's limited license expire.

I understand that the applicant will be subject to all duties and obligations of active members of the Pennsylvania bar, including, but not limited to: the Rules of Professional Conduct, the Rules of Disciplinary Enforcement, and the Rules of Continuing Legal Education.

Employer: \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
Address: \_\_\_\_\_ Position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I verify that the statements of fact made by me in this affidavit are true and correct and that they are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities. I further verify that I have not omitted any facts or matters pertinent to this affidavit.

_____	_____	_____
Date	Affiant/Supervisor Signature	Title
_____		_____
Print Name		Phone