



VERMONT SUPREME COURT
OFFICE OF ATTORNEY LICENSING
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Law Office Study Program Certification of Supervising Judge/Attorney

Name of LOS Registrant: _____

Name of Supervising Judge/Attorney: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I, _____, certify that on the date of _____, 20_____, the Registrant named above commenced a Law Office Study apprenticeship under my supervision. I certify that I practice law in Vermont and have been admitted to the Bar of the Vermont Supreme Court not less than three years prior to the Registrant's commencement of the apprenticeship. I certify that I have personally investigated the character and fitness of the Registrant and that to the best of my knowledge the said Registrant, at the time of commencement of the apprenticeship, meets the requirements of good moral character and fitness as provided in the Rules of Admission to the Bar of the Vermont Supreme Court.

Signature: _____

Date: _____