

Pro Bono Completion Form

Last Name _____ First _____

Address _____ Social Security Number _____

Expected Date of Graduation _____ Year in School: 1L 2L 3L

List the name and city address of the office, entity, law firm or individual lawyer with whom you performed the Pro Bono requirement:

Name and Address _____ Phone Number _____

Total Number of Pro Bono Hours: _____

A general and brief description of my services is as follows:

STUDENT: I certify that I have completed the pro bono hours indicated above, without compensation, under the supervision of the attorney identified below. I also certify that I have completed the online pro bono orientation.

Student's signature _____ Date _____

SUPERVISING ATTORNEY: My signature below evidences that:

- 1) I am familiar with the Florida State University College of Law's Pro Bono requirement;
- 2) The student named herein worked within this (my) office in the performance of his/her Pro Bono requirement; and
- 3) I supervised, including that supervision required by Rule 4-5.3 of the Rules of Professional Conduct, the student in the performance of his/her Pro Bono requirement.

Supervisor's signature _____ Date _____

Approved by Dean

Date