

IN THE SUPREME COURT OF THE STATE OF KANSAS

CERTIFICATE OF THE SUPERVISING ATTORNEY

I hereby certify that I am an attorney in good standing actively engaged in the practice of law in Kansas and agree to supervise and assume personal professional responsibility for the acts of _____ during the period covered by Rules 717, 719, 720 and 721.

The Supervising Attorney must notify the Kansas Attorney Admissions Office if you end your supervision prior to the applicant's admittance day.

Start date of Supervision _____

Date:_____

Signed:_____

Name (typed):_____

Attorney Registration No: _____

Address:_____

Telephone:_____