

IN THE SUPREME COURT OF THE STATE OF KANSAS

TEMPORARY PERMIT TO PRACTICE LAW

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 a temporary permit to practice law. (Provide a statement in the space below, attesting to the fact of applicant's employment and the need for a temporary practice permit.)

Date: _____

Signed: _____

Name (typed): _____

Attorney Registration No: _____

Address: _____

Telephone: _____