

# NEW LAWYER TRAINING PROGRAM



## WRITTEN NOTICE OF COMPLETION OF JUDICIAL LAW CLERKSHIP

PLEASE RETURN ORIGINAL SIGNED FORM TO:

Utah State Bar  
New Lawyer Training Program  
645 South 200 East  
Salt Lake City, UT 84111

Full Name: \_\_\_\_\_ Utah State Bar Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**MY CLERKSHIP HAS ENDED/WILL END ON (insert date)** \_\_\_\_\_

**AND MY JOB STATUS IS AS FOLLOWS (check only one item below):**

[ ] **EMPLOYED IN LAW FIRM OR LEGAL ORGANIZATION:**

I am employed in a law firm or legal organization. I understand that my mentor should be nominated in consultation with my employer.

My mentor's name and Utah State Bar Number are: \_\_\_\_\_

\_\_\_\_\_

**NOTE:** If your employer has not identified your mentor yet, please initial here: \_\_\_\_\_

[ ] **SOLE PRACTITIONER (OR SMALL OFFICE):**

I am employed as a Sole Practitioner or am practicing with a small office. I understand that I have the opportunity to nominate my mentor.

My mentor's name and Utah State Bar Number are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** If you need help locating a mentor, initial here: \_\_\_\_\_; and list the practice areas you intend to pursue:

[ ] **OTHER:**

I am either unemployed, or I am not employed with a law firm or legal organization. I will contact the NLTP Administrator to determine whether I will participate in a mentoring circle for my NLTP compliance.

[ ] **EXEMPT AS NON-RESIDENT:**

I am not a Utah resident and request an exemption from NLTP compliance. I will comply with the applicable CLE requirements of my resident state.

I hereby certify that the above information is correct and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NOTE: Your original signature is required. This information cannot be submitted electronically or via facsimile transmission.