

Section B. (to be completed by Supervising Attorney)

The services authorized by Illinois Supreme Court Rule 711, which I acknowledge I have read, will be performed under my supervision by _____.
Applicant/Student's Name

Employer Name

Supervising Attorney Name and ARDC #

Employer Address

City/State/Zip

Employer Telephone

Supervising Attorney Email Address

The Employer indicated above is (check appropriate box):

- A legal aid bureau, legal assistance program, organization or clinic chartered by the State of Illinois or approved by a law school approved by the American Bar Association
- The Office of the Public Defender
- A law office of the state or any of its subdivisions

I hereby certify that the information in Section B is accurate and true.

Supervising Attorney (Signature) / Date

Section C. (to be completed by the Dean of Applicant's law school)

By checking the below boxes, I hereby certify the following information is accurate and true:

- The Applicant is a graduate of the above-named law school.
- I have reviewed the information provided in Sections A and B of this application.
- The Applicant meets the eligibility requirements for temporary licensure under Illinois Supreme Court Rule 711.
- I have no objection to the Applicant being authorized to perform the services described in Illinois Supreme Court Rule 711.

Dean of Law School (Signature) / Date

(Dean's Office email address for all 711 correspondence)

For Office Use Only: Approved by: _____ Date: _____ Expiration Date: _____