

**Affidavit of Ohio Attorney**

\_\_\_\_\_  
(State, Commonwealth, etc.)

\_\_\_\_\_  
(County, Borough, etc.)

I, \_\_\_\_\_, am an attorney licensed to practice law in Ohio, in active status and in good standing. I understand that I am providing verification that \_\_\_\_\_ (name of applicant) is seeking authorization to Practice Pending Admission to Practice Law in Ohio pursuant to Gov. Bar R. I, Sec. 19.

I HEREBY CERTIFY that the above-referenced applicant will associate with me for purposes of his/her application for authorization to practice pending admission in Ohio.

I agree to associate with \_\_\_\_\_ (name of applicant). I understand that this may call for me to associate with him/her for up to 365 days or until such time as he/she no longer qualifies to Practice Pending Admission pursuant to Gov. Bar R. I, Sec. 19.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Ohio Attorney Registration Number

Sworn to or affirmed before me and subscribed in my presence this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(signature of notary)

[Notary Seal]

\_\_\_\_\_  
(name of notary)