2020 LIMITED PRACTICE PRIVILEGE
SUPERVISING ATTORNEY’S UNSWORN AFFIDAVIT

I, a member of the Bar of the Supreme Court of the State of Delaware, and Supervising Attorney for ___________________________ (“Applicant”), who is filing an Application for a Certificate of 2020 Limited Practice Privilege from the Supreme Court of the State of Delaware, do hereby certify as follows:

(1) I have been admitted to practice before the courts of this State for at least five (5) years prior to the date of this unsworn affidavit;

(2) I am in good standing as a member of the Bar of the Supreme Court of the State of Delaware;

(3) I am not subject to any pending disciplinary matters in any jurisdiction;

(4) I am currently engaged in the practice of law in the State of Delaware;

(5) I have performed an inquiry and concluded that Applicant is familiar with:

(a) the Delaware Lawyers’ Rules of Professional Conduct, including Rule 1.15 regarding the safekeeping of property and the maintenance of appropriate financial books and records;

(b) the Delaware Lawyers’ Rules of Disciplinary Procedure and the Principles of Professionalism for Delaware Lawyers; and

(c) The Supreme Court’s Order Regarding Certified Limited Practice Privilege For 2020 Delaware Bar Applicants (the “Order”) and all other rules and regulations applicable to individuals receiving a Certificate of 2020 Limited Practice Privilege in Delaware.

(6) I will assist and promote Applicant’s compliance with the Order, the Delaware Lawyers’ Rules of Professional Conduct, the Delaware Lawyers’ Rules of Disciplinary Procedure, the Principles of Professionalism for Delaware Lawyers, and all other rules and regulations applicable to individuals receiving a Certificate of 2020 Limited Practice Privilege in Delaware.

I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct. Executed on the _______ day of _________________, 2020.

______________________________
Print Name

______________________________
Signature

______________________________
Del. Bar No.