INSTRUCTIONS FOR THE APPLICATION FOR SPECIAL ADMISSION UNDER RULE 48 OF THE DISTRICT OF COLUMBIA COURT OF APPEALS

The Rule 48 application form must be typewritten and single sided. You must have the law school execute the DEAN’S CERTIFICATION to accompany your application.

The application form should be filed with:

District of Columbia Court of Appeals Committee on Admissions
430 E Street, N.W. - Room 123
Washington, D.C. 20001
Attention: Rule 48 Application(s)

The processing time is approximately ten (10) business days. If you wish to check the status of your application, please contact your Clinic’s Director or the liaison. All correspondence will be addressed to the Clinic’s Dean listed on the application; students should NOT contact the Committee on Admissions for status updates. An identification card bearing your assigned Law Student Number, signifying that you are a registered participant in the Rule 48 Legal Assistance by Law Students Program, will be mailed to your Clinical Director or the liaison.
APPLICATION OF ____________________________ for special admission to the Bar of the District of Columbia Court of Appeals pursuant to Rule 48 relating to legal assistance by law students in an approved law school clinical program.

MAILING ADDRESS

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NAME

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EDUCATION

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<th>Clinical Director/Liaison/Contact/Representative</th>
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I do hereby certify that I have read and am familiar with the District of Columbia Student Practice Rule (D.C. App. R. 48), the District of Columbia Unauthorized Practice Rule (D.C. Court of App. R. 49), and the District of Columbia Rules of Professional Conduct.

I further certify that the information provided is accurate to the best of my knowledge.

(Printed Name)

Signature of Applicant

Date
DEAN’S CERTIFICATION

of an Applicant seeking special admission to the Bar of the
District of Columbia Court of Appeals pursuant to Rule 48
relating to legal assistance by law students in an approved
law school clinical program.

I, ____________________________, of ________________________
(Dean) (Name of Law School)
do hereby certify that ____________________________
(Name of Student)
entered this school as a student of law on ___________; has successfully
completed one third of his/her legal studies, has satisfied the
appropriate pre-requisites, and is registered for the appropriate co-
requisites necessary to ensure that he/she is prepared to provide legal
representation to clients; is of good character; possesses competent
legal ability; and is adequately trained to participate in cases or
matters pending before the courts or administrative tribunals. The
student is enrolled in ________________________,
(Name of Clinical Program)
a clinical program under the direction of a faculty member/supervising
attorney, who will have satisfied all of the appropriate requirements of

________________________________________
Signature of Dean

______________________________
Dean: ____________________________
Date

To be completed by
Clinical Director:
Name

DC Bar Number

Date

Email

Mailing Address