

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF NEW YORK**

**FORM FOR DESIGNATING COMPLIANCE WITH THE
WESTERN DISTRICT OF NEW YORK STUDENT PRACTICE RULE**

(Name of Student)

(Name of Supervising Attorney)

Address and Phone Number of Above:

Address and Phone Number of Above:

Name of Law School Student is Attending: _____

Number of Semester Completed: _____

TO BE COMPLETED BY LAW STUDENT:

I certify that I have completed at least two semesters of law school; that I am familiar and will comply with the Code of Professional Responsibility of the American Bar Association; that I am familiar with the federal procedural and evidentiary rules relevant to the action in which I am appearing, and that I am receiving no compensation from the person on whose behalf I am rendering services in accordance with part C(5) of the Student Practice Rule of the Western District of New York.

Dated: _____

(Student's Signature)

TO BE COMPLETED BY THE DEAN OR A FACULTY MEMBER OF THE STUDENT'S LAW SCHOOL:

I certify that this student has completed at least two semesters of law school work, and is, to the best of my knowledge, qualified to provide the legal representation permitted by these rules.

Dated: _____

(Signature of Dean or Faculty Member)

Title/Position

Western District of New York Case Docket No.