

CALIFORNIA WESTERN
SCHOOL OF LAW | San Diego
CLINICAL EXTERNSHIP PROGRAM

SUPERVISING ATTORNEY
MEMORANDUM OF AGREEMENT

Firm/Agency/Company: _____

Supervising Attorney: _____

I/we agree to the following conditions for participating in the California Western School of Law Clinical Externship Program.

1. I/we have read the Supervising Attorney Handbook and agree to follow the education goals stated therein.
2. I/we understand that the purpose of the program is to allow the student to experience working as a lawyer, including the ethical and professional responsibility issues that arise in context.
3. The student will be given assignments that are representative of the Supervisor's work. Where appropriate, the student will be certified and to the extent possible, will be responsible for a caseload under my/our supervision.
4. The student's assignments will be as challenging as the student can reasonably handle.
5. The required working time for the student is 4 hours/week per unit of credit. I/we agree to review and sign the student's time sheets on a weekly basis.
6. The student will always do research in the context of a real case. When assigning research, any relevant case file will be made available to the student.
7. The student will participate in all aspects of cases including, but not limited to, client interviewing, counseling, case planning, discovery, fact investigation, trial preparation and trial.
8. The assignment, work, and feedback process will be in accord with the Supervising Attorney Handbook.
9. The student will have access to support staff substantially equal to the attorneys in the office. Clerical tasks, e.g., filing, photocopying, library updating, indexing, will occupy not more than 5% of the student's work time.
10. The Clinical Externship Program does not allow students earning academic credit through the program to be compensated.
11. I/we agree to complete, review with the student, and submit both a mid-trimester assessment and final evaluation of extern's work (forms to be provided by the law school).

Signatures of all attorneys who will supervise students.

_____ Signature of Supervising Attorney	_____ Print Name	_____ Date
_____ Signature of Supervising Attorney	_____ Print Name	_____ Date
_____ Signature of Supervising Attorney	_____ Print Name	_____ Date