CALIFORNIA WESTERN
SCHOOL OF LAW | San Diego
CLINICAL INTERNSHIP PROGRAM

SUPERVISING ATTORNEYS'

MEMORANDUM OF AGREEMENT

Law Firm:_____

Supervising Attorney: _____

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

1.   I/we have read the Supervising Attorney's 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.   Students 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.   Interns 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 student work time.

10.   I/we agree to complete, review with the student, and submit both a mid trimester and final evaluation report on the intern's work (forms to be provided by the law school).

Signatures of all attorneys who will supervise students.

_____   _____   _____   _____
SUPERVISING ATTORNEY   DATE   SUPERVISING ATTORNEY   DATE

_____   _____   _____   _____
SUPERVISING ATTORNEY   DATE   SUPERVISING ATTORNEY   DATE