



**The Supreme Court of South Carolina**  
**Chief Justice's Commission on the Profession**

**LAWYER MENTORING PROGRAM**  
**PARTICIPATION WAIVER/DEFERMENT REQUEST APPLICATION**

**1. NEW LAWYER INFORMATION**

Name \_\_\_\_\_ SC Bar Number \_\_\_\_\_

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**2. WAIVER INFORMATION**

\_\_\_\_\_ I am requesting a waiver from participation in the Lawyer Mentoring Program as I am not engaged in the active practice of law and do not intend to be for a minimum of two (2) years.

**3. DEFERMENT INFORMATION**

**I am requesting a deferment from participation in the Lawyer Mentoring Program for my first year of admission because:**

1) \_\_\_\_\_ I will be serving as a judicial clerk in the state court

Name of Judge \_\_\_\_\_

Date clerkship begins \_\_\_\_\_

Date clerkship ends \_\_\_\_\_

2)\_\_\_\_I will be serving as a judicial clerk in the federal court

Name of Judge\_\_\_\_\_

Date clerkship begins\_\_\_\_\_

Date clerkship ends\_\_\_\_\_

I understand that I am to inform the Lawyer Mentoring Program upon the completion of my clerkship or upon a change in my practice status. I understand that I am required to participate in the Lawyer Mentoring Program after the completion of my clerkship. If I am requesting a waiver because I am not actively practicing law, I understand that if my status changes (within two (2) years) I must participate in the Lawyer Mentoring Program for one (1) year after beginning to actively practice law in South Carolina.

**4. SIGNATURE**

I certify that the above information is true and correct

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**Please return the completed Participation Waiver/Deferment Request Application and the New Lawyer Registration Application to:**

Lawyer Mentoring Program  
L. Donette Welch, Mentoring Coordinator  
PO Box 2138  
Columbia, SC 29202

Telephone: (803) 799-5578  
E-Mail: [commcle@bellsouth.net](mailto:commcle@bellsouth.net)