

QUARTERLY CERTIFICATE

VIRGINIA BOARD OF BAR EXAMINERS
2201 West Broad Street, Suite 101
Richmond, VA 23220

(Print or Type) _____ Quarter
_____ Year Course of Study

Reader's Name: _____

Reader's Address: _____

(City) _____ (State) _____ (Zip) _____

Attorney's Name: _____

Attorney's Office Address: _____

(City) _____ (State) _____ (Zip) _____

DESCRIPTION OF STUDY FOR CURRENT QUARTER

In the space below, list the SUBJECTS studied this quarter, the HOURS devoted to each subject and the RESOURCES (textbooks, casebooks & reference materials) used. If you have completed the required number of hours, in accordance with the Regulations of the Law Reader Program, enter "yes" on the appropriate subject line under COMPLETE; if you have not, enter "no."

SUBJECT	HOURS	RESOURCES	COMPLETE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date Quarter Began: _____ Date Quarter Ended: _____

Hours of Study per week: _____ Weeks of Study this quarter: _____

OTHER INFORMATION

Employment to which I have devoted time this Quarter:

In the next Quarter of study, I will cover the following subjects:

Said Quarter will begin on (date) _____

READER'S CERTIFICATION OF STUDY FOR CURRENT QUARTER

I, _____, certify that all information contained in the Quarterly Certificate is accurate and that my study during this Quarter has been in full compliance with the Rules and Regulations for the Law Reader Program of the Virginia Board of Bar Examiners revised July 1, 1998. Specifically, I certify that (1) I have studied the Subjects listed herein in the manner and for the time described in this report; and, (2) such study was done under the direct supervision of the Supervising Attorney named herein, within the physical confines of his or her office, during his or her regular office hours; and, (3) the time specified as study time was devoted to that purpose only, and there has not been credited against such requirement any time spent in service to the Supervising Attorney, or any of his or her associates.

DATE: _____

READER'S SIGNATURE: _____

ATTORNEY'S CERTIFICATION OF STUDY FOR CURRENT QUARTER

I, _____, certify that all information contained in this Quarterly Certificate is accurate and that the study of this Reader has been in full compliance with the Rules and Regulations for the Law Reader Program of the Virginia Board of Bar Examiners, revised July 1, 1998. Specifically, I certify that the Reader has studied the Subjects listed on this Certificate in the manner and for the times set forth, which time has been at least twenty-five (25) hours per week; within the physical confines of my office, during regular office hours and that the time credited as study time was devoted to that purpose only and there has not been credited against such requirement any time spent by the Reader in service to me or any of my associates.

I certify that I have personally supervised (personal supervision is defined as time actually spent one-on-one with the law reader for the exposition and discussion of the law, the recitation of cases, and the critical analysis of the law reader's written assignments for at least 3 hours per week) the Reader's study of each subjects studied this quarter, using the course descriptions as a basic outline of course content and emphasized legal ethics and professional responsibility issues which arise during the course of study of all subjects studied. I am of the opinion that the Reader has an adequate knowledge and understanding of said subject.

I certify that I have examined the Reader on the Subjects he/she has completed during this quarter of study and I list below the subject completed, the total hours studied and the grade (pass/fail) the Reader achieved on his/her written examination.

SUBJECT	TOTAL HOURS	GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I attach hereto all graded examinations for the completed subjects mentioned above.

DATE: _____

SIGNATURE OF SUPERVISING ATTORNEY: _____