

The Supreme Court of South Carolina

CERTIFICATE

This certificate is to be used to show completion of the trial experiences required by Rule 403 of the South Carolina Appellate Court Rules (SCACR). This Certificate must be submitted to the Clerk of the Supreme Court of the South Carolina Supreme Court, P.O. Box 11330, Columbia, SC 29211, along with a filing fee of \$50. Except for the signatures, all entries must be legibly printed or typed. COMPLETED CERTIFICATES SHALL NOT BE ACCEPTED UNTIL AFTER THE APPLICANT HAS BEEN SWORN IN AS A MEMBER OF THE SOUTH CAROLINA BAR.

JURY TRIAL

SOUTH CAROLINA CIRCUIT COURT or U.S. DISTRICT COURT FOR THE DISTRICT OF S.C.

Case Name: _____ Date: _____

Court: _____ Name of Judge: _____

ATTEST: _____

*Signature of Circuit Court Judge or Administrative Law Court Judge

***The signature of the Judge is an attestation that the jury trial experience complied with the requirements of Rule 403(b)(1), SCACR, including the requirement that the trial experience include an opening statement, a closing argument and direct and cross examination of at least two witnesses.**

VIDEO TRIAL OBSERVATION

Program Name: _____ Date Observed: _____

*Attach Certificate of Completion

ADR EXPERIENCE/ADR VIDEO OBSERVATION

Case/Program Name: _____ Date: _____

ATTEST: _____

*Signature of Mediator conducting ADR Proceeding/ If video, attach certificate of completion

DAY IN COURT EXPERIENCE (1)

Court: _____ Date: _____

Name of Judge: _____

ATTEST: _____

*Signature of Circuit Court Judge, Family Court Judge, Administrative Law Court Judge or Master-in-Equity

DAY IN COURT EXPERIENCE (2)

Court: _____ Date: _____

Name of Judge: _____

ATTEST: _____

*Signature of Circuit Court Judge, Family Court Judge, Administrative Law Court Judge or Master-in-Equity

JUDICIAL OBSERVATION AND EXPERIENCE PROGRAM APPROVED
BY CHIEF JUSTICE'S COMMISSION ON THE PROFESSION
(May be substituted for One (1) Day in Court Experience)

Program Name: _____ Date: To: _____ From: _____

Name of Judge: _____ ATTEST: _____

*Signature of Judge

CERTIFICATION BY ATTORNEY

I, _____, hereby certify that I completed two-thirds of the credit hours needed for law school graduation prior to participating in and/or observing the trials or hearings listed on this form; and/or that I had completed one year of law school prior to my participating in a judicial observation and experience program approved by the Chief Justice's Commission on the Profession. I further certify that I have observed or participated in the above trials, videos, or observation program in accordance with the provisions of Rule 403, SCACR.

Signed this ____ day of _____, 20____. _____

SIGNATURE

NAME: _____

SOUTH CAROLINA BAR NUMBER: _____

STREET OR P.O. BOX: _____

CITY, STATE, AND ZIP: _____

TELEPHONE NO. (Home): (____) _____ (Work) (____) _____