

**APPLICATION FOR ONE YEAR TIME EXTENSION
OR RENEWAL OF INITIAL ONE YEAR TIME EXTENSION
FOR COMPLETION OF NEW LAWYER PROGRAM**

See SCR 3.640 - New Lawyer Program

1. Name and address of applicant (please type or print):

Telephone number: _____

2. Date of KBA admission: _____

4. Employer Name and location:

PLEASE NOTE:

BY SIGNING BELOW, APPLICANT CERTIFIES THAT HE OR SHE DOES NOT PRACTICE LAW IN KENTUCKY. TIME EXTENSIONS PROVIDED TO OUT-OF-STATE KBA MEMBERS FOR COMPLETION OF THE NEW LAWYER PROGRAM ARE GRANTED IN ONE YEAR INCREMENTS. IT IS YOUR RESPONSIBILITY TO REQUEST ANNUAL RENEWAL OF THIS TIME EXTENSION SO LONG AS YOU ARE NOT PRACTICING LAW IN KENTUCKY.

Attorney signature: _____ Date: _____

KBA ID Number: _____