



# MIGRATION FORM



**BEGINNING LAWYER MUST  
COMPLETE AND RETURN THIS FORM TO:**  
STATE BAR OF GEORGIA  
TRANSITION INTO LAW PRACTICE PROGRAM ("TILPP")  
104 Marietta Street, NW – Suite 100  
Atlanta, Georgia 30303

**• 1 – BEGINNING LAWYER INFORMATION (*Initial and complete "A" and "B"*)**

**Initial**

- \_\_\_\_\_ A. MY NAME IS: (*Print or Type*) \_\_\_\_\_
- \_\_\_\_\_ B. MY GEORGIA BAR NUMBER IS: \_\_\_\_\_
- \_\_\_\_\_ C. MY EMAIL ADDRESS IS: \_\_\_\_\_

(Note: Receipt of this form will be provided via email at the address you provide above).

**• 2 – PREVIOUS MENTOR INFORMATION (*Initial "A" and "B" and complete, OR initial "C"*)**

- \_\_\_\_\_ A. MY PREVIOUS MENTOR'S NAME IS: (*Print or Type*) \_\_\_\_\_
- \_\_\_\_\_ B. MY PREVIOUS MENTOR'S GA BAR NUMBER IS: \_\_\_\_\_
- OR --
- \_\_\_\_\_ C. I WAS IN GROUP MENTORING AND WAS NOT ASSIGNED TO AN INDIVIDUAL MENTOR

**• 3 – NEW MENTOR NOMINEE INFORMATION (*Initial "A" and "B" and complete*)**

- \_\_\_\_\_ A. I WISH TO NOMINATE THE FOLLOWING INDIVIDUAL TO SERVE AS MY NEW MENTOR:  
(*Print or Type NEW MENTOR NOMINEE'S NAME*) \_\_\_\_\_
- \_\_\_\_\_ B. MY NEW MENTOR NOMINEE'S GA BAR NUMBER IS: \_\_\_\_\_

**NOTE: THIS IS PAGE ONE (1) OF A TWO (2) PAGE FORM**

**NOTE: THIS IS PAGE TWO (2) OF A TWO (2) PAGE FORM**

**• 4 – MENTOR VOLUNTEER FORM (*Initial “A” or “B” and attach document, as applicable*)**

\_\_\_\_\_ A. MY NEW MENTOR NOMINEE HAS ALREADY SUBMITTED A VOLUNTEER FORM  
(*You do not have to attach a copy of the volunteer form*)

-- OR --

\_\_\_\_\_ B. MY NEW MENTOR NOMINEE'S ORIGINAL VOLUNTEER FORM IS ATTACHED  
(*Attach the original notarized form, not a copy. The form may be found at:  
[www.gabar.org/programs/transition\\_into\\_law\\_practice\\_program](http://www.gabar.org/programs/transition_into_law_practice_program)*)

**• 5 – CERTIFICATION BY BEGINNING LAWYER (*Must be signed – NOTARY IS NOT REQUIRED*)**

**I HEREBY CERTIFY** that the above information is correct and complete and I hereby request reassignment from my previous Mentor (or Group Mentoring) to my new Mentor Nominee. I understand that the TILPP Director must approve this request. I certify that I will disclose to my new Mentor Nominee the status of my completion of TILPP's Mentoring component requirements, including but not limited to, providing my new Mentor Nominee a copy of my written mentoring plan (if applicable) or such other documents as they may require.

Sign and Date: \_\_\_\_\_

Your original signature is required; this form cannot be submitted electronically or via fax.

Has Your Address Changed? State Bar Rule 1-207 Requires Members To Keep Current Address Information On File. To Change Your Address, Log Onto: [www.gabar.org/member\\_essentials/address\\_change](http://www.gabar.org/member_essentials/address_change).

**Do *not* submit this form until you have completed all items and attached all pertinent documents. Incomplete or incorrect submissions will be returned.**