



Commonwealth of Puerto Rico
SUPREME COURT
Office of the Clerk
P.O. Box 9022392
San Juan, Puerto Rico 00902-2392

**CERTIFICATION OF ATTORNEY IN CHARGE OF A LEGAL CLINIC AT A
LAW SCHOOL ACCREDITED BY THE SUPREME COURT OF PUERTO RICO¹**

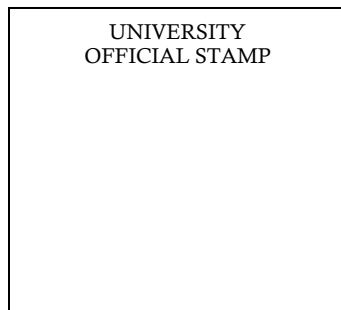
I hereby certify that _____ teaches or is otherwise in
charge of the _____ law school clinic at _____,
and that the aforementioned attorney has not tendered his/her resignation as of the date of
this certification nor is there presently any order in place to remove him/her from service. I
further certify that the information provided herein is correct.

Contact information of the person authorized to issue this certification:

Full name: _____ Position: _____

Telephone: _____ Email: _____

Signature: _____ Date of certification: _____ / _____ / _____
month day year



¹ This certification must be attached to the declaration the attorney must file electronically in SUMAC under the section titled "Declaraciones." This section will be enabled in SUMAC on **November 17, 2019**.