



Transition Into Law Practice Program

MIGRATION FORM

Please submit this form if your **mentor**, your **mentoring type** or your **job** has changed.
Email to tilpp@gabar.org

I. BEGINNING LAWYER INFORMATION

Name: _____ Bar Number _____
(please print or type)

Email Address: _____ Employer: _____

II. PREVIOUS MENTORING TYPE/STATUS

INSIDE MENTORING GROUP MENTORING OUTSIDE MENTORING

Previous Mentor's Name: _____ Previous Mentor's Bar Number _____
(please print or type)

Previous Mentor's Employer: _____

III. NEW MENTORING TYPE

INSIDE MENTORING GROUP MENTORING OUTSIDE MENTORING

IV. NEW MENTOR NOMINEE INFORMATION

New Mentor's Name: _____ New Mentor's GA Bar No. _____
(please print or type)

New Mentor's Email Address: _____ Employer: _____

New Mentor Nominee's Mentor
Volunteer Form is attached.
(The form may be found at: [MVF](#))

OR

New Mentor Nominee has already submitted
a Mentor Volunteer Form on my behalf.

Has your contact information changed?

State Bar Rule 1-207 requires members to keep contact information on file.

To edit your contact information, log into your member account at www.gabar.org.