STATE OF WISCONSIN SUPREME COURT

Withdrawal of Attorney Supervision

I,	, am an attorney licensed to practice law in the
State of Wisconsin and an active members supervision of the following individual(s)	
Signed and Dated on: [Execution Date]	
	Signature:
	Name:
	State Bar No
Name(s) of Individual(s):	☐ See attached
DISTRIBUTION: 1. File with Clerk of Supreme Court P.O. Box 1688 Madison, WI 53701-1688 clerk@wicourts.gov https://www.wicourts.gov/courts/offices/clerk.htm	

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