附件3

2020年度律师执业考核登记表

单位： 填表日期： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | 性别 | | |  | | 身份证号 | | |  | | | | | | | | | 民族 |  |
| 政治面貌 |  | | | 担任“两代表一委员” | | | | |  | | | | | 律所职务 | | | | |  | | | | |
| 执业类别 |  | | | | | | | | 执业证号 | | | | |  | | | | | | | | | |
| 资格证号 |  | | | | | | | | 首次执业时间 | | | | |  | | | | | | | | | |
| 职称级别 |  | | | | 专业类别 | | | | |  | | | | | 外语语种及等级 | |  | | | | | | |
| 档案存放地 |  | | | | 档案号 | | | | |  | | | | | 社会保障号 | |  | | | | | | |
| 毕业院校及专业 | | |  | | | | | | | | | | | | | | | | | | | | |
| 最高学历 |  | | | | | | | | 最高学位 | | | | |  | | | | | | | | | |
| 有无年度转所情况 |  | | | | | | | | 联系方式 | | | | |  | | | | | | | | | |
| 现住址 |  | | | | | | | | | | | | | | | | | | | | | | |
| 是否完成继续教育课时 | |  | | | | 是否受过  行业处分 | | | | |  | | | | | 是否受过行政处罚 | | | |  | | | |
| 本年度  工作量 | 诉讼案件数 | | | | | | | 非讼业务数 | | | | | 法援案件数 | | | | | “三类”案件数 | | | | | |
|  | | | | | | |  | | | | |  | | | | |  | | | | | |
| 突出  业绩 |  | | | | | | | | | | | | | | | | | | | | | | |
| 学术研究  成果（公开发表） |  | | | | | | | | | | | | | | | | | | | | | | |
| 参加律协  工作情况 |  | | | | | | | | | | | | | | | | | | | | | | |
| 参与社会  公益情况 |  | | | | | | | | | | | | | | | | | | | | | | |
| 奖励表彰情况 |  | | | | | | | | | | | | | | | | | | | | | | |
| 被投诉情况及处理情况 |  | | | | | | | | | | | | | | | | | | | | | | |
| 需特别说明的问题 |  | | | | | | | | | | | | | | | | | | | | | | |
| 律师年度执业总结 |  | | | | | | | | | | | | | | | | | | | | | | |
| **承诺书：**本人承诺，在2020年度律师执业考核登记表中填写的内容真实，如有编造、伪造、纂改和隐瞒等虚假内容，愿承担相应法律责任和后果。  律师签名: | | | | | | | | | | | | | | | | | | | | | | | |
| 律师事务所考核  意 见 | 年 月 日（章） | | | | | | | | | | | | | | | | | | | | | | |
| 区（县）  司法局  意 见 | 年 月 日（章） | | | | | | | | | | | | | | | | | | | | | | |
| 省 辖 市  律师协会  意 见 | 年 月 日（章） | | | | | | | | | | | | | | | | | | | | | | |
| 省辖市  司法局  备 案 | 年 月 日（章） | | | | | | | | | | | | | | | | | | | | | | |
| 备 注 |  | | | | | | | | | | | | | | | | | | | | | | |