# **Exemption Agreement:**

(Name / company name / authority and address of the training institute / of the training provider)

### I am / We are providing legal training to the trainee lawyer

Last name, first name	
Date of birth	Personnel reference number V
Street	
ZIP code, place	

in the compulsory field of	from	to	
The nine-month compulsory trai	ning in the field of leg	al consultation can be complete	ed at various
lawyers. However, one training	stage shall last at le	ast three months. Such assignm	ent can only
be made to lawyers who have l	peen admitted to the	bar for at least two years.	
		n association or another traini ultation would be guaranteed,	-
in the elective field of	from	to	

In this field, I / we are providing proper training. I have taken note of the examination subjects (Section 37, clause 2 *JAPO*).

during a supplementary legal traineeship from \_\_\_\_\_\_ to \_\_\_\_\_\_ to \_\_\_\_\_\_
The six-month supplementary legal traineeship can be completed at various training institutes in the compulsory fields. However, one training stage shall last at least three months.

I have read the information leaflet regarding the treatment of additional compensations for trainee lawyers by private training institutes (Rev. February 2020) under social security law.

In light of the explanations there, I hereby make the following legally binding statement (*in case of law firms:* on behalf of the aforementioned law firm / *in case of agencies / companies:* on behalf of the operator of the aforementioned training institute):

Should I / we pay the trainee lawyer any additional compensation, I / we hereby undertake to bear any and all costs for social security contributions and income taxes arising from such additional compensation, including a possible supplemental insurance at a later date, in our internal relationship with the Federal State of Rhineland-Palatinate. I / We hereby agree to the following settlement procedure:

## Training institute in Germany:

I /We undertake to pay, upon receipt of a calculation of the State Office of Finance compiled on the basis of my / our information provided in this form,

- the entire gross amount of the additional compensation to be granted to the trainee lawyer,
- the employer's contribution to social security arising for this as calculated by the State Office of Finance
- as well as a flat-rate compensation payment calculated by the State Office of Finance to compensate for the costs of a possible supplemental insurance at a later date with the German statutory pension insurance provider

to the State Office of Finance upon request and without delay each month and/or after completion of the legal traineeship.

I / We understand that the State Office of Finance will initiate payment of the social security contributions and the income tax and the taking-out of any supplemental insurance possibly required at a later date, and that it will pay out the remaining net amount of the additional compensation to the trainee lawyer together with the subsistence allowance.

## **Training institute abroad:**

I /We undertake to pay, upon receipt of a calculation of the State Office of Finance compiled on the basis of my / our information provided in this form,

- the employer's contribution to social security arising for this as calculated by the State Office of Finance
- as well as a flat-rate compensation payment calculated by the State Office of Finance to compensate for the costs of a possible supplemental insurance at a later date with the German statutory pension insurance provider

to the State Office of Finance upon request and without delay each month and/or after completion of the legal traineeship.

I / We understand that the State Office of Finance will initiate payment of the social security contributions and the income tax and the taking-out of any supplemental insurance possibly required at a later date. I / We understand that I / we are responsible for the calculation and the payment of the income tax arising for the additional compensation to the competent tax office and payment of the remaining net amount of the additional compensation to the trainee lawyer.

I / we state:

a) Payment of additional compensation (compensation for certain fields of training):

□ No compensation is paid.

The following gross compensation is paid for the following months\*:

Overall gross compensation in EUR	Month

No non-cash benefits are granted.

The following benefits are granted (e.g. travel expenses, provision of accommodation, contribution to health insurance, vacation pay, Christmas allowance, lump-sum payments):

Type of benefit / lump-sum payment	Amount of benefit (gross) in EUR

<sup>\*</sup> For proper payment of the social security contributions and taxes, all gross compensations for every individual month of employment must be indicated separately.

#### b) <u>Payment of compensations for employment that is not part of the training in the sense of</u> Paragraph 2 of the information leaflet:

Note:

An employment which is not part of the training shall only be assumed if there is a written contract that

expressly stipulates payment of a compensation / benefit only for such work as described in the contract

• and that precisely specifies the time scope of the work to be performed by the trainee lawyer (number of hours per week and/or month).

If such prerequisites are not present, paid compensation must be stipulated in Paragraph a)!

- No compensation is paid for employment that is not part of the training.
- The following gross compensation is paid for the following months for employment that is not part of the training\*:

(Please present a copy of the employment contract!)

Overall gross compensation in EUR	Month

No non-cash benefits are granted.

The following benefits are granted (e.g. travel expenses, provision of accommodation, contribution to health insurance, vacation pay, Christmas allowance, lump-sum payments):

Type of benefit / lump-sum payment	Amount of benefit (gross) in EUR

<sup>\*</sup> All gross compensations for every individual month of employment must be indicated separately.

I represent that the above information is correct and complete.

If I / we decide to pay compensation / benefits to the trainee lawyer only during the current field of training or after completion of the latter, or if the amount of such compensation / benefits changes, I / we will inform the competent training authority without delay.

(Law firm / authority stamp / company stamp and signature of the training provider / representative of the training institute)

Operation number	
Contact person	
First name, last name	
Phone number	
Fax	
Email address	

I hereby accept the foregoing offer for conclusion of an exemption agreement for the Federal State of Rhineland-Palatinate.

	I	
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Higher Regional Court of Koblenz Higher Regional Court of Zweibrücken

(Signature, name stamp)

(administrative authority)

(Signature, name stamp)