

**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ALABAMA**

FEDERAL CIVIL PRO BONO PANEL VOLUNTEER ATTORNEY APPLICATION

Firm Contact (for law firm volunteers): _____

Attorney's Name (for individual volunteers): _____

Firm's Name: _____

Office Street Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Email Address: _____

Telephone #: _____ Home Cell Work

Alternate Telephone #: _____ Home Cell Work

Date licensed to practice law: _____

Date admitted to practice before this court: _____

Languages spoken other than English: _____ Fluent? Conversant?

Please check the kinds and number of cases per year you agree to accept:

<input type="checkbox"/> Employment Discrimination # _____	<input type="checkbox"/> Labor # _____	<input type="checkbox"/> Prisoner Civil Rights # _____	<input type="checkbox"/> Other Civil Rights # _____	<input type="checkbox"/> Immigration/Deportation # _____
<input type="checkbox"/> Personal Injury # _____	<input type="checkbox"/> Real Property # _____	<input type="checkbox"/> Contract # _____	<input type="checkbox"/> Forfeiture/Penalty # _____	<input type="checkbox"/> Intellectual Property Rights # _____
<input type="checkbox"/> Federal Tax Suits # _____	<input type="checkbox"/> Social Security # _____	<input type="checkbox"/> Banking and Commerce # _____	<input type="checkbox"/> Consumer Credit & Financial Services # _____	<input type="checkbox"/> Employee Benefits # _____
<input type="checkbox"/> Agricultural Acts # _____	<input type="checkbox"/> Environmental # _____	<input type="checkbox"/> Freedom of Info. Act # _____	<input type="checkbox"/> Constitutional Rights # _____	<input type="checkbox"/> Other Describe: _____ # _____

Please indicate the Division(s) in which you are willing to accept cases:

<input type="checkbox"/> Southern	<input type="checkbox"/> Northeastern/Northwestern	<input type="checkbox"/> Eastern/Middle	<input type="checkbox"/> Jasper/Western
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Are you willing to serve as a mentor to supervise a younger or less experienced attorney? Yes No

I have received and reviewed the Plan for Pro Bono Counsel for Unrepresented Indigent Parties in Civil Cases. I agree to abide by the conditions of appointment of the Plan

Signature of Attorney: _____ **Date:** _____