

UNITED STATES DISTRICT COURT Western District of Virginia

PRO BONO PANEL APPLICATION

	Applicant Information		
Full Name:			
	Last First		M.I.
Firm:			
Address:			
	Street Address		Apartment/Unit #
	City	State	ZIP Code
Phone:	Email:		
Bar Numbe	Date of First Bar Admission:		
Jurisdiction Admitted:			
Do you, or	does your firm, maintain professional liability insurance?	Yes	No
Are there as	ny disciplinary proceedings pending against you at this time?	Yes	No No
Has your pr	to hac vice status ever been revoked by any court?	Yes	No
	u answered yes to any of the two previous questions, you must p to this application.)	provide a full exp	lanation as an
	Experience		
Are you flu	ent in one or more foreign language?	No No	
If yes, pleas	e specify:		
Indicate any	areas of civil practice expertise:		
Harri mani	years of civil litigation experience do you have?		

If your civil litigation experience has not been in the Western District of Virginia, please list your recent cases:						
Case Number	Case Name	Court	Civil Practice Area	Disposition		
	Maria	1: 0				
	Mento	rship Opportuniti	es 			
Would you be wi	lling to serve as a mentor to anot	ther panel attorney?	Yes	No		
If the Court determines that you do not have the requisite amount of civil litigation experience, would you be willing to accept a pro bono appointment under the supervision of a mentor attorney? Yes No						
	to accept appointment under the practitioner who is willing to be			is an		
*Note: The prosp	ective mentor attorney does not	need to be a member of	f the Court's <i>Pro Bono</i> Pane	el.		
	Certifi	cation and Signatu	re			
I certify that my	answers are true and complete to	the best of my knowled	dge.			
Signature:			Date:			

Briefly describe your civil litigation experience: