

## APPENDIX B

### CRIMINAL JUSTICE ACT MENTORSHIP PROGRAM

Western District of Virginia

#### MENTEE EVALUATION FORM

**(To be prepared by Mentor)**

#### MENTOR:

Name:

Address:

Office Telephone:

Cellular Telephone:

Email Address:

#### MENTEE:

Name:

Address:

Office Telephone:

Cellular Telephone:

Email Address:

1. **Mentors:** As part of your participation in the Western District of Virginia's Criminal Justice Act Mentorship Program (the "Program"), you must complete this Mentee Evaluation Form. *The information contained in this evaluation is confidential.* The information you provide will assist the Program in achieving its goal of training qualified and committed practitioners in federal criminal practice and enabling them to qualify for consideration for appointment to the Criminal Justice Act panel (the "Panel"). Please be as candid and thorough as possible. We are looking for your honest evaluation of the Mentee's performance. We want to ascertain the Mentee's initiative, availability, sense of responsibility, courtroom demeanor, written and oral advocacy skills, commitment to learning federal practice, practical legal skills as well as ability to communicate effectively with the client and other actors in the criminal justice system. Finally, please rate your Mentee on a scale of 1-5, with 5 being the highest rating of excellence. In using the rating system, please give concrete reasons for your ratings.
2. The Committee seeks your feedback and evaluation of the Mentee in the following practice areas:

CASE PREPARATION AND PRACTICAL SKILLS (case theory and development, factual and legal investigation, legal knowledge and judgment, familiarity with the

Federal Sentencing Guidelines, Rules of Evidence and Criminal Procedure, the judges' Individual Rules and Practices, and the Court's local rules, and ability to comply with ECF requirements and use it effectively).

WRITTEN ADVOCACY (research skills, knowledge of applicable legal standards, clarity, precision, brevity, persuasiveness of arguments, and thoroughness of legal memoranda submitted in support of bail applications, pretrial and post-trial motions, sentencing and any other substantive proceedings).

ORAL ADVOCACY (courtroom skills, demeanor, poise, clarity and persuasiveness of arguments, responsiveness to concerns of the court in substantive proceedings, including, but not limited to bail hearings, oral arguments on motions, sentencing proceedings, and openings and summations at trial).

ETHICS (grasp of and commitment to the Rules of Professional Responsibility in all aspects of the practice).

TIME MANAGEMENT AND PLANNING (attendance, timeliness, management of cases).

COMMUNICATION WITH CLIENTS, CLIENT'S FAMILY AND DEFENSE WITNESSES (interviewing and counseling, willingness to visit incarcerated inmates at the facility).

ABILITY TO COMMUNICATE (with court staff, representatives of various government agencies, such as Assistant U.S. Attorneys, pretrial Services, U.S. Probation, Bureau of Prisons, and other non-legal support staff).

3. Please note the caption and docket number of all matters the Mentee assisted in (you may attach additional pages if necessary, and, if so, please note the question number and identifying information as set forth in the beginning of this form):

4. Please comment on and evaluate the Mentee's abilities re: Case Preparation:

5. Please comment on and evaluate the Mentee's written advocacy skills:

6. Please comment on and evaluate the Mentee's oral advocacy skills:

7. Please comment on and evaluate the Mentee's ethical practice and decision making:



12. Please set forth below any additional information you believe bears upon the Mentee's qualifications or ability to serve on the Criminal Justice Act Panel.

13. In your opinion, is the Mentee qualified for appointment to the CJA Panel?  
 Yes  No Please set forth specific reasons justifying your response.

14. Did you find the Orientation Sessions helpful to you in the performance of your role as Mentor?  Yes  No Please set forth specific reasons justifying your response.

15. Please provide any suggestions or comments as to how to improve the Program.

16. Would you consider participating in the Program again? ( ) Yes ( ) No If “no,” why not?

PLEASE ENCLOSE YOUR COMPLETED EVALUATION FORM  
AND ANY ATTACHMENTS IN A SEALED ENVELOPE MARKED  
“CONFIDENTIAL”  
AND FORWARD IT TO THE ATTENTION OF:

Clerk of Court  
U.S. District Court  
Western District of Virginia  
210 Franklin Road, S.W., Suite 540  
Roanoke, VA 24011

Alternatively, you may email it to the Clerk of Court at:  
[cja@vawd.uscourts.gov](mailto:cja@vawd.uscourts.gov)

*I hereby declare, under penalty of perjury, that the foregoing answers are true.*

\_\_\_\_\_, Virginia  
Dated: \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Mentor’s Signature