



LAWYER TO LAWYER MENTORING PROGRAM
MENTOR APPLICATION

Please type or print legibly.

Name: _____ **Attorney Registration No.** _____

Law Firm/Court/Employer Name: _____

Address: _____

Phone: _____ **Email:** _____

MENTOR REQUIREMENTS

Please check all of the following that apply:

- I am an attorney licensed in Ohio registered active and in good standing, OR
- I am an attorney licensed in Ohio registered inactive and in good standing and meet one of the following exceptions:
- I am a federal judicial officer.
 - I am a member of law school faculty or law school administration.
 - I am recently retired from the active practice of law.
- I have been admitted to practice law in Ohio for at least five years or I have been admitted to practice for at least five years total in Ohio and in another state. If applicable, please provide information regarding admissions in other states: _____
- I have a reputation among judges and peers in the local legal community for competence and ethical and professional conduct.

- I have never been suspended or disbarred from the practice of law in any state nor have I voluntarily surrendered my license to resolve a pending disciplinary proceeding.
- I have not been otherwise sanctioned* in any jurisdiction during the last ten years.
- There is no formal disciplinary complaint currently pending against me before the Supreme Court of Ohio.



THE SUPREME COURT *of* OHIO

COMMISSION ON PROFESSIONALISM

- I carry professional liability insurance of at least \$100,000 per occurrence and \$300,000 in the aggregate (or its equivalent), or I meet one of the following exceptions:
- I am a government lawyer or judge.
 - I am in-house counsel for a corporation.
 - I am a lawyer working for a non-profit agency.
 - I intend to mentor a new lawyer in-house.
 - I am a member of law school faculty or law school administration.
 - I am retired from the active practice of law.
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Additional Questions:

During the last 10 years, have you been the subject of a:

Criminal action? Yes No

If yes, please provide a copy of the dismissal or other documents related to the action by email to lawyer2lawyer@sc.ohio.gov.

Formal disciplinary charge with probable cause affirmed by the Board of Professional Conduct? Yes No

If yes, please provide the disciplinary case number. _____

During the last 10 years, has any claim or suit arising out of the rendition of legal services been made against you? Yes No

If yes, please provide a copy of the dismissal or other documents related to the action by email to lawyer2lawyer@sc.ohio.gov.



ABOUT YOU

The following information will be compiled to create an individual mentor profile that will be accessible only to prospective mentees applying to the program. Personal questions (*e.g.*, inquiries regarding marital status, children, etc.) are optional but are helpful to mentees in nominating compatible mentors. Information provided may also be used for statistical and evaluative purposes.

Undergraduate school: _____

Year of Graduation: _____ Major: _____

Law school: _____ Year of Graduation: _____

Are you married? Yes No Do you have children? Yes No

Bar related activities:

Civic activities:

Hobbies and interests:

Additional relevant information:



Please indicate what prompted you to become a mentor:

- I have participated in this program before as a mentor and am renewing my commitment
- I was nominated by a judge, court, or bar association
- My employer encouraged or asked me to participate
- A specific attorney asked me to be his/her mentor
- I heard about the program and decided to apply on my own initiative
- I participated in the program previously as a mentee
- Other _____

Please select up to three areas that best describe your practice:

- | | | |
|--|--|--|
| <input type="checkbox"/> Admin/governmental | <input type="checkbox"/> Federal practice | <input type="checkbox"/> Probate/trust/estate |
| <input type="checkbox"/> Antitrust litigation | <input type="checkbox"/> General practice | <input type="checkbox"/> Real estate/landlord tenant |
| <input type="checkbox"/> Arbitration/mediation | <input type="checkbox"/> General litigation | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Health | <input type="checkbox"/> Sports/entertainment |
| <input type="checkbox"/> Business/commercial | <input type="checkbox"/> Immigration | <input type="checkbox"/> Tort and insurance |
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Intellectual property | <input type="checkbox"/> Taxation |
| <input type="checkbox"/> Elder | <input type="checkbox"/> International | <input type="checkbox"/> Traffic |
| <input type="checkbox"/> Employment/labor law | <input type="checkbox"/> Juvenile | <input type="checkbox"/> Trial work |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Practice management | <input type="checkbox"/> Workers compensation |
| <input type="checkbox"/> Family/Domestic | <input type="checkbox"/> Personal injury/property damage | <input type="checkbox"/> Other _____ |

Check those which apply to your employment:

Type of Practice:

- Solo practice
- Of counsel
- Law firm
- Government office/Judge
- In-house corporate counsel
- Non-legal job
- Other _____

Size of firm/organization:

- 1 lawyer
- 2 - 9 lawyers
- 10 - 39 lawyers
- 40 + lawyers

Location of practice:

- Large urban area
- Medium-sized city
- Small city/rural area



Check any or all of the following skills that you possess:

- Appeals
- Computer/technology
- Law practice management
- Regulatory board appearances
- Research
- Ability to discuss substance use and mental health issues
- Ability to be a resource for involvement in bar activities
- Ability to be a resource for involvement in pro bono activities
- Ability to assist with assessing career paths
- Ability to advise on balancing career and personal life
- Ability to advise on running a successful solo practice
- Ability to discuss handling law school debt
- Other _____

BEING MATCHED TO A MENTEE

Please check the way that you would like to be matched to a mentee:

- Place me on the Pre-Approved Mentor List:** I would like to be added to the Pre-Approved Mentor List, which is available to attorneys who have recently passed the Ohio bar examination. By so doing, I agree to be paired to a mentee who selects my name from this list and submits it as a mentor nomination. If I am not paired with a mentee from the upcoming class of admittees, I may be paired to a mentee in a following class. (Matching occurs in the months of January and July.)

Match me to a specific attorney:

- There is a particular attorney who would like me to be his or her mentor, and we have agreed to participate in this program together. Please pair me with the following attorney:

Name of Mentee

Attorney Registration No.

- My employer has adopted Lawyer to Lawyer Mentoring for our firm or legal organization and is suggesting that I be paired to the following attorney in our firm or legal organization:

Name of Mentee

Attorney Registration No.

Name of Firm/Office Attorney
Supervising Mentoring Program

Phone No. of Firm/Office Attorney
Supervising Mentoring Program

All mentor-mentee pairings are subject to the approval of the Commission on Professionalism.



ACKNOWLEDGEMENT

Please review and sign below:

I wish to serve as a mentor in the Lawyer to Lawyer Mentoring Program in accordance with its rules and regulations.

I acknowledge that the information submitted here is complete and accurate to the best of my knowledge.

I certify that I meet all of the mentor requirements I checked above.

I agree to update the information contained in this application if and when any of the information provided herein changes.

I understand that my participation in this program is contingent upon the approval of my application by the Commission on Professionalism.

I understand that the Supreme Court of Ohio Commission on Professionalism reserves the right to interview me about allegations of unprofessional conduct and/or disciplinary violations at any time and revoke my mentor approval at its discretion.

I understand that the mentee to whom I am matched is ultimately determined and approved by the Commission, and there is no guarantee that I will be matched to a mentee.

I acknowledge that I will be awarded twelve (12) hours of CLE credit only if I satisfactorily complete all program requirements.

I agree to attend or view an orientation specific to this program.

I agree to make the necessary time commitment to maintain a mentoring relationship. If my work or life circumstances change so that I cannot contribute this time, I will contact the Commission on Professionalism.

Signature

Date

Attorney Registration Number

Print/Type Name

**FAX TO 614.387.9529 OR SCAN & SEND BY EMAIL TO
lawyer2lawyer@sconet.state.oh.us**