



LAWYER TO LAWYER MENTORING PROGRAM
NEW LAWYER APPLICATION

Please type or print legibly.

Name: _____ Attorney Registration No. _____

Address: _____

Phone: _____ E-mail: _____

Check here if we may use e-mail as our primary means of communication to you.

Undergraduate school: _____

Year of Graduation: _____ Major: _____

Law school: _____ Year of Graduation: _____

ABOUT YOU (OPTIONAL)

If it is necessary to match you to a Mentor other than the one(s) you nominate, your personal characteristics will be considered in finding you another Mentor. These questions are optional but are very helpful to the matching process. Information provided may also be used for statistical and evaluative purposes.

Are you currently employed in a legal position? Yes No
(You do not need to be employed to participate in the mentoring program.)

If you have a legal job, please provide information about your employment:

Law Firm Name/Legal Employer: _____

Address: _____

Phone: _____ Fax: _____ E-mail _____



THE SUPREME COURT *of* OHIO

COMMISSION ON PROFESSIONALISM

Your Practice Type:

- Solo practice
- Of counsel
- Law firm
- Government office / court
- In-House corporate counsel
- Non-legal job
- Other: _____

Size of firm/organization:

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

Location of your practice:

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

Are you married? Yes No

Do you have children? Yes No

Bar related activities:

Civic activities:

Hobbies and interests:

Additional relevant information:



MENTOR PREFERENCES

If it is necessary to match you to a Mentor other than the one(s) you nominate, the following preferences will be considered:

I prefer a mentor that practices in the following area(s) of law:

- | | | |
|--|---|--|
| <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 comp |
| <input type="checkbox"/> Family/Domestic | <input type="checkbox"/> Personal injury/property
Damage | <input type="checkbox"/> Other: _____ |

I prefer a mentor with the following: (Check all that apply)

Type of Practice:

Size of firm/organization:

Location of practice:

- | | | |
|---|--|--|
| <input type="checkbox"/> Solo practice | <input type="checkbox"/> 1 lawyer | <input type="checkbox"/> Large urban area |
| <input type="checkbox"/> Of counsel | <input type="checkbox"/> 2 - 9 lawyers | <input type="checkbox"/> Medium-sized city |
| <input type="checkbox"/> Law firm | <input type="checkbox"/> 10 - 39 lawyers | <input type="checkbox"/> Small city/Rural area |
| <input type="checkbox"/> Government office/Judge | <input type="checkbox"/> 40 + lawyers | |
| <input type="checkbox"/> In-House corporate counsel | | |
| <input type="checkbox"/> Non-legal job | | |
| <input type="checkbox"/> Other: _____ | | |

I prefer a mentor with skills in the following area(s): (Check all that apply)

- Appeals
- Computer/technology
- Law practice management
- Regulatory board appearances
- Research
- Ability to discuss substance abuse 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 home life
- Ability to advise on running a successful solo practice
- Ability to discuss handling law school debt
- Other: _____



I prefer a mentor with the following background:

Age: _____ No preference

Gender: Male Female No preference

Children: Yes No No preference

Race/ethnicity/national origin:

- No preference
- White
- Black / African American
- Asian
- Indian
- Islander
- Hispanic

Special requests, preferences, or additional information:



ACKNOWLEDGEMENT

Please review and sign below:

I wish to participate as a new lawyer 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 understand that the mentor to whom I am matched is ultimately determined and approved by the Commission on Professionalism.

I agree to read the orientation materials that will be sent to me in the mail.

I acknowledge that I will be awarded new lawyer training credit only if I satisfactorily complete all program requirements.

Signature

Date

Attorney Registration Number

Print/Type Name

**PLEASE FAX ALL PAGES TO 614.387.9529 OR
SCAN & SEND BY E-MAIL TO lawyer2lawyer@sc.ohio.gov**