

**Bankruptcy Practice, Northern District of Ohio
Mentee Application**

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: _____ Bar Year: _____

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

Law Firm Name/ Employer: _____

Address: _____

Firm/Organization:

Solo practice _____	In-House corporate counsel _____
Medium-sized (2-9 attorneys) _____	Non-legal job _____
Larger firm (10+ attorneys) _____	Other: _____
Government/court _____	

Practice Area(s):

Consumer bankruptcy _____
Business bankruptcy _____
Both Consumer and Business bankruptcy _____
Corporate Renewal/Turnarounds _____

Bankruptcy court(s) in which you appear most often: _____

What do you hope to gain from a mentoring experience? _____

Bar/civic activities/hobbies/interests:

Please submit this form to pulrich@carlisle-law.com & alison.archer@ohioattorneygeneral.gov