

**Northern District of Ohio Bankruptcy Mentor Program
Mentor Expression of Interest**

First Name: _____ Last Name: _____

Email: _____ Phone: _____

Company: _____ City: _____

Bar Year/Law School: _____ Years of bankruptcy law experience: _____

Areas of Practice (Please check all that apply):

- Consumer bankruptcy
- Business bankruptcy
- Corporate Renewal/Turnarounds
- Creditors' rights
- Debtors' rights
- Trustee or Trustee representative
- Other: _____

Please explain your qualifications to be a bankruptcy attorney mentor and note any professional organizations or any other activities that you are involved with that may be relevant:

Please rank the factors that facilitators may consider when matching you with a mentee as either being very important (1); somewhat important (2); or not important (3).

Primary practice areas:

Consumer bankruptcies: _____

Business bankruptcies: _____

Creditors' rights: _____

Debtors' rights: _____

Law School: _____

Geographic region: _____

Signature

Date

Please submit this form to: Alison Archer Alison.Archer@OhioAGO.gov and Debbie Mack Debbie@DeborahMack.lawyer