

17th Judicial Circuit Court - Mentor Application

Name: _____ Attorney Registration No.: _____
Law Firm Name/Court/Employer: _____
Address _____
Phone: _____ E-mail: _____

Please check all of the following that apply:

- I am an attorney licensed in Illinois registered active and in good standing.
- I have been admitted to practice law in Illinois for not less than six years.
- I have never been suspended or disbarred from the practice of law in any state or jurisdiction and have no formal disciplinary complaint pending.

Undergraduate School: _____ Major: _____
Law school: _____

Bar related activities: _____
Civic activities: _____
Interests outside profession: _____

Please indicate what prompted you to become a mentor (check all that apply to you):

- I believe that mentoring is a way of "giving back" to the profession.
- I have participated in a mentoring program before and am renewing my commitment.
- I was encouraged to be a mentor by a judge, court, or bar association.
- My employer encouraged or asked me to participate.
- A new lawyer asked me to be his/her mentor.
- I heard about the program and decided to apply on my own initiative.
- Other: _____

Please selected up to three areas which 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 |
| <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 |

Check those which apply to your employment:

- | | | |
|---|--|--|
| 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: | | |

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

- 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:

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

- Match me to any new lawyer that you deem appropriate.
- Match me to any new lawyer whose specified preferences are a match to my practice and interests.
- There is a particular new lawyer who would like me to be his or her mentor, and we have agreed to participate in this program together:

Name of New Lawyer:

Contact Information:

- My employer has a Lawyer-to-Lawyer mentoring program for our firm or legal organization and requests that I be paired with the following new lawyer in our firm or legal organization:

Name of New Lawyer:

Contact Information:

Please provide any additional information that you want the Program Administrator to take into consideration for matching a new lawyer.

My signature below confirms that I wish to participate in the Lawyer- to- Lawyer Mentoring Program and I acknowledge that I will be awarded professional responsibility continuing legal education credit only when all program requirements are completed.

Signature:

Date:
