

**UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA**

PRO BONO PANEL APPLICATION FORM

I am applying to become a member of the Central District of California Pro Bono Panel.

The following information is supplied in support of this application:

Name: _____
Last First Middle

Business: _____
Firm Name Telephone Extension

Street Address Suite Fax

City State Zip Code E-Mail Address

State Bar Memberships:

State Bar ID Number Date of Admission

State Bar ID Number Date of Admission

State Bar ID Number Date of Admission

Date admitted to the Bar of this Court: _____. Total number of years of legal practice: _____. Of total caseload, percentage of cases personally handled in federal court within the last five (5) years: _____%

Please provide the names, addresses and telephone numbers of two (2) references (whom the Court may contact) who are members of the Bar of the United States District Court for the Central District of California:

(1) _____
Name

Business Address	_____	Business Telephone	_____	Extension	_____
City	_____	State	_____	Zip Code	_____
				Other Number (Home, Mobile, etc.)	_____

(2) _____
Name

Business Address	_____	Business Telephone	_____	Extension	_____
City	_____	State	_____	Zip Code	_____
				Other Number (Home, Mobile, etc.)	_____

I understand that as a member of this Panel, I agree to accept an appointment as counsel for a pro se plaintiff in a civil rights case at least once a year.

Dated

Signature of Applicant

Please return form to:
Monica Boone, ADR Assistant
312 N. Spring Street, #1029
Los Angeles, CA 90012
Facsimile: (213) 894-5084