

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

**Pro Bono Limited-Scope Representation Panel  
Application Form**

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

The following information is supplied in support of this application:

Name:

\_\_\_\_\_

LAST

FIRST

MIDDLE

Business:

\_\_\_\_\_

FIRM NAME

\_\_\_\_\_

BUSINESS TELEPHONE

EXTENSION

\_\_\_\_\_

STREET ADDRESS

SUITE

\_\_\_\_\_

BUSINESS FAX

\_\_\_\_\_

CITY

STATE

ZIP CODE

\_\_\_\_\_

BUSINESS 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: \_\_\_\_ %

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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 TELEPHONE	
_____			_____	
BUSINESS ADDRESS			EXTENSION	
_____			_____	
CITY	STATE	ZIP CODE	OTHER NUMBER (HOME, MOBILE, ETC.)	

(2)

_____			_____	
NAME			BUSINESS TELEPHONE	
_____			_____	
BUSINESS ADDRESS			EXTENSION	
_____			_____	
CITY	STATE	ZIP CODE	OTHER NUMBER (HOME, MOBILE, ETC.)	

I understand that as a member of the Limited Scope Panel, I agree to accept a limited scope appointment as counsel for a pro se litigant at least once a year.

\_\_\_\_\_  
DATED

\_\_\_\_\_  
SIGNATURE OF APPLICANT

Please email the completed application to [ProBonoPanel\\_CACD@cacd.uscourts.gov](mailto:ProBonoPanel_CACD@cacd.uscourts.gov).