CHILDREN'S LAW CENTER OF MASSACHUSETTS

> 298 Union Street Lynn, MA 01901 T: 781-581-1977 F: 781-598-9364

#### APPLICATION FOR CHILDREN'S PRO BONO PROGRAM

Please complete and return this form with a current resume to ProBonoCLCM@clcm.org

Name:	Date:			
Home Address:				
	Email:			
Work Address:				
	Fax:			
Dates of Current/Most Recent Employment:				
Year Admitted to Practice Law in Massachusetts:	BBO Number:			
Foreign Language(s):	Do you have car?			
Counties where you would consider providing pro bono ad	vocacy (check all the apply):			
SuffolkMiddlesexEs	sexNorfolkWorcester			

#### PART ONE:

1. Please describe the nature of your legal practice and experience

2. Please describe any experience you have working with children and/or adolescents, and include dates of experience.

3. Once you accept a pro bono appointment, can you foresee anything that might interfere with the fulfillment of your responsibilities in that manner? If yes, please explain.



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#### PART TWO:

- 1. Are there any disciplinary proceedings pending against you or have you ever been disciplined or suspended from practice in Massachusetts or any other jurisdiction? If yes, please explain.
- 2. Has there ever been a judgment against you in a malpractice action? If yes, please explain.
- 3. Have you ever been convicted of a criminal matter? If yes, please explain.
- 4. Has there ever been a civil judgment against you? If yes, please explain.

#### PART THREE:

Please print the names, addresses and telephone numbers (home and work) of three people who have known you for at least two years and are able to comment on your qualifications as an attorney and/or your experience working with children.

1.

2.

3.

I attest that this information is true to the best of my knowledge, and I authorize the Children's Law Center of Massachusetts, Inc., to make any inquires to determine my suitability for this program. I understand that a criminal record check will be conducted.

Signature

# CORI REQUEST FORM

Children's Law Center of Massachusetts has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for the Pro Bono program, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant Signature

## APPLICANT INFORMATION (PLEASE PRINT)

LAST NAME		FIRST NAME		MIDDLE INITIAL
DATE OF BIRTH			LAST 6 NUMB	ERS SOCIAL SECURITY NUMBER
SEX	RACE:			
FATHER'S LAST NAME		FATHER'S FII	RST NAME	
MOTHER'S LAST NAME		MOTHER'S FI	RST NAME	MOTHER'S MAIDEN NAME

### \*\*PLEASE SUBMIT A COPY OF YOUR LICENSE OR OTHER PHOTO IDENTIFICATION WITH YOUR APPLICATION.\*\*