



A Project of
Legal Services for New York City

Bankruptcy *Pro Bono* Panel Registration Form

Attorney Instructor in a Law School Clinical Program

Law School: _____

Address: _____

_____ ABA Accredited? Yes No

Name of Clinical Program/Class: _____

Program's Website Address: _____

Attorney Instructor: _____

Attorney Instructor's Address: _____

Attorney Instructor's Phone and Fax Numbers: _____

Attorney Instructor's Email address: _____

Attorney Instructor's Years admitted to practice: _____

Attorney Instructor's Principal Practice Areas: _____

Attorney Instructor's experience in bankruptcy and/or litigation matters: _____

Number of law students enrolled in program: _____

Describe the practices of the clinical program in supervising the students: _____

What ability, if any, does the program have to represent non-English speaking clients?

Location Preference:

Please return this form to the City Bar Justice Center, Attn: John McManus, Project Director, Pro Bono Consumer Bankruptcy Project by Facsimile to 212-768-1433 or by Mail to 42 West 44th Street, New York, NY, 10036-6689 or by Email at jmcmnus@nycbar.org.