

**MENTOR APPLICATION FOR
PATHWAY TO THE PROFESSION
MENTOR PROGRAM**

Name: _____

Participating Association: Illinois Judges Association

Firm: _____

Work Address: _____

Work Phone: _____ Email: _____

Law School _____ Date of Graduation _____

Federal Court or Special Admissions (if any) _____

Year of Admission in other states (if any) _____

I am a:

- member of a large firm (60+ attorneys)
- member of a medium-size firm (20-30 attorneys)
- member of a small firm (2-20 attorneys)
- solo practitioner
- corporate counsel
- government lawyer: please circle one (local county state federal)
- retired judge
- other: _____

My work requires:

- trial work
- practice in state and federal courts
- extensive research
- substantial travel
- administrative skills
- appearances before regulatory boards
- social obligations
- other: _____

I work in the following areas of law:

- | | |
|---|---|
| <input type="checkbox"/> administrative | <input type="checkbox"/> health law |
| <input type="checkbox"/> antitrust law | <input type="checkbox"/> immigration law |
| <input type="checkbox"/> art law | <input type="checkbox"/> intellectual property |
| <input type="checkbox"/> banking law | <input type="checkbox"/> juvenile law |
| <input type="checkbox"/> bankruptcy | <input type="checkbox"/> labor law |
| <input type="checkbox"/> creditor | <input type="checkbox"/> law practice management |
| <input type="checkbox"/> debtor | <input type="checkbox"/> litigation |
| <input type="checkbox"/> business law | <input type="checkbox"/> personal injuries/property damages |
| <input type="checkbox"/> collections law | <input type="checkbox"/> probate/trust |
| <input type="checkbox"/> creditor | <input type="checkbox"/> public lawyer |
| <input type="checkbox"/> debtor | <input type="checkbox"/> real estate/landlord/tenant |
| <input type="checkbox"/> corporate counsel | <input type="checkbox"/> securities regulation |
| <input type="checkbox"/> criminal law defense/prosecution | <input type="checkbox"/> taxation |
| <input type="checkbox"/> dispute resolution | <input type="checkbox"/> tort/insurance |
| <input type="checkbox"/> environmental law | <input type="checkbox"/> worker's compensation |
| <input type="checkbox"/> government/municipal law | <input type="checkbox"/> other: _____ |

The undersigned certifies that he/she has read and is familiar with guidelines for the Mentor Program and that he/she will abide by the guidelines currently in force and as they may be from time to time amended by the Mentor Council.

Applicant also acknowledges that he/she meets the following qualifications:

1. Five years in practice
2. Member in good standing, with The Chicago Bar Association or participating bar association

Name of Applicant (Print)

Signature of Applicant

Date

Please return to:
The Chicago Bar Association
CBA/YLS Mentor Program
321 S. Plymouth Ct.
Chicago, IL 60604
Email: jbertolino@chicagobar.org