CBA APPELLATE PRO BONO PROGRAM ATTORNEY SIGN-UP FORM

If you are an attorney licensed in the State of Colorado and are interested in signing up to participate as a pro bono attorney in the CBA Appellate Pro Bono Program, please complete this form and submit it to:

Colorado Bar Association Appellate Pro Bono Program 1290 Broadway, Suite 1700 Denver, CO 80203

You can learn more about the Pro Bono Program by reviewing the program information on the CBA website at www.cobar.org.

| Name: | |
|----------------------------------|---|
| Attorney Regis | tration No |
| Firm/Employe | r: |
| Address: | |
| Phone: | |
| Fax: | |
| E-mail: | |
| List any areas pro bono case: | of practice in which you would be willing to take a |
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| | roximate number of appeals you would be willing to accept per |
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| serve | The Pro Bono Committee may in some cases pair perienced attorneys with experienced appellate practitioners to as mentors on a pro bono appeal. To help facilitate this toring program, please check the appropriate box. |
| | I am interested in being paired with a mentor on a pro bono appeal. |
| | I have a mentor who can assist me within my own firm. |
| | I am interested in serving as a mentor to less experienced attorneys at other firms in handling pro bono appeals. |
| | I am not interested in participating in the mentoring program. I would prefer to handle pro bono appeals on my own or to mentor attorneys within my own firm. |
| | fly describe your previous experience in handling appeals, in Colorado and in any other jurisdictions. |
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| helpi | se provide any additional information you believe may be ful to the Pro Bono Committee in matching you with a pro bono eal and/or mentor. |
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