

REQUEST FORM PRO BONO ASSISTANCE

		Date:	
Sponsoring Organization/Agency/Firm			
Type of Organization (please check)			
☐ Bar Association	☐ Government	□ Public Inte	rest
☐ Community Legal Education	□ Legal Aid	☐ Faculty Pro	ject
Public Defenders	☐ Legislator	☐ Other:	
☐ Firm/Private Attorney (Pro Bono Work)	□ Non-Profit		
Contact Person and Title:			
Address:			
City:		State:	Zip:
Phone: Fax:	Email:		
Describe the supervisory arrangement and to attorney, if different from above:	raining for the student an	d the contact information f	or the supervising
Langth of pro hone assignments			
Length of pro bono assignment:			
Minimum number of hours student must cor	mmit to the assignment: _		
Preferred allocation of hours: flexible	minimum hours: per	week per da	ny
Number of students needed:			
What level of students are appropriate for th	is work? (check all that a	pply) □1L □2L	□ 3L
Any special qualifications needed to do this	assignment? (e.g., courses	s taken, languages, previou	s work experience)