

## Northern District of Ohio Bankruptcy Mentor Program Mentee Application

Name: \_\_\_\_\_ Attorney Registration No. \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_ Check here if we may use e-mail as our primary means of communication to you.

Undergraduate school: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Major: \_\_\_\_\_

Law school: \_\_\_\_\_ Bar year: \_\_\_\_\_

Are you currently employed in a legal position? Yes \_\_\_\_ No \_\_\_\_  
(You do not need to be employed to participate in the mentoring program)

Law Firm Name/ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

**Firm/organization:**

Solo practice _____	In-House corporate counsel _____
Medium-sized (2-9 attorneys) _____	Non-legal job _____
Larger firm (10+ attorneys) _____	Other: _____
Government/court _____	

**Practice area(s):**

Consumer bankruptcy \_\_\_\_\_  
Business bankruptcy \_\_\_\_\_  
Both Consumer and Business bankruptcy \_\_\_\_\_  
Corporate Renewal/Turnarounds \_\_\_\_\_

Bankruptcy court(s) in which you appear most often: \_\_\_\_\_

What do you hope to gain from a mentoring experience? \_\_\_\_\_

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**Bar/civic activities/hobbies/interests:**

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**Please submit this form to:** Alison Archer [Alison.Archer@OhioAGO.gov](mailto:Alison.Archer@OhioAGO.gov) and Debbie Mack  
[Deborah.Mack@OhioAGO.gov](mailto:Deborah.Mack@OhioAGO.gov)