

**Northern District of Ohio Bankruptcy Mentor Program  
Mentor Expression of Interest**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ City: \_\_\_\_\_

Bar Year/Law School: \_\_\_\_\_ Years of bankruptcy law experience: \_\_\_\_\_

**Areas of Practice** (Please check all that apply):

- Consumer bankruptcy
- Business bankruptcy
- Corporate Renewal/Turnarounds
- Creditors' rights
- Debtors' rights
- Trustee or Trustee representative
- Other: \_\_\_\_\_

Please explain your qualifications to be a bankruptcy attorney mentor and note any professional organizations or any other activities that you are involved with that may be relevant:

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Please rank the factors that facilitators may consider when matching you with a mentee as either being very important (1); somewhat important (2); or not important (3).

Primary practice areas:

Consumer bankruptcies: \_\_\_\_\_

Business bankruptcies: \_\_\_\_\_

Creditors' rights: \_\_\_\_\_

Debtors' rights: \_\_\_\_\_

Law School: \_\_\_\_\_

Geographic region: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**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)