UNITED STATES DISTRICT COURT
DISTRICT OF OREGON

FIRM APPLICATION TO PARTICIPATE IN THE U.S. DISTRICT COURT PRO BONO PROGRAM

Acknowledgement of Terms

The law firm of _____ wishes to participate in the U.S. District Court Pro Bono Program. The firm has designated _____ as firm contact attorney. The contact attorney has read and understands the U.S. District Court Pro Bono Program Procedures and will, as appropriate, reassign appointments made by the Court to firm attorneys who are members in good standing of the bar of the United States District Court for the District of Oregon.

Firm/Contact Attorney Information

Firm Name: _____ Contact Attorney: _____

Firm Address: _____ Contact's OSB No.: _____

_____ Telephone No.: _____

_____ Fax No.: _____

Practice Areas

Please select all practice areas in which your firm has subject matter expertise:

- ☐ Employment discrimination – Employer
- ☐ Employment discrimination – Employee
- ☐ Social Security disability
- ☐ Real property disputes
- ☐ Personal Injury
- ☐ Insurance defense
- ☐ Prisoner Civil Rights
- ☐ Corporate Litigation
- ☐ Other (please list below)

Conflicts of Interest

Does your firm represent any state, county, or municipal government entities: ☐ Yes ☐ No

Apart from government conflicts, please list any other major client conflicts in here:

Case Assignment

How many pro bono cases is your firm willing to take in a given year? _____

Apart from the conflicts above, are there any types of cases that your firm does not want to be assigned to? If so, please list them here:

Application Certification

By my signature below, I acknowledge that the law firm of _____ accepts the terms set forth above and agrees to participate in the U.S. District Court Pro Bono Program.

_____
Signature