



Tennessee Commission
on Continuing Legal
Education & Specialization

MENTOR APPLICATION

Please type or print legibly.

Name: _____ BPR Number: _____

Law Firm Name/Court/Employer:

Address: _____

Phone: _____ E-mail: _____

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

Please check the groups with whom _____ mentoring may share your
name and contact information: *name of organization*

Other program participants in your geographical area

Bar associations who are interested in planning social activities for program participants

MENTOR REQUIREMENTS

Please check all of the following that apply:

I am an attorney currently licensed in Tennessee registered active and in good standing with the Tennessee Supreme Court.

I have been admitted to practice law in Tennessee, in another state or in the District of Columbia for at least five years.

I have a reputation among judges and peers in the local legal community for competence and ethical and professional conduct.

I have never been suspended or disbarred from the practice of law in any state nor have voluntarily surrendered my license to dispose a pending disciplinary proceeding.

I have not been the subject of any lesser disciplinary action, including any public or private reprimands within the last ten (10) years by any attorney or judicial disciplinary agency in any state or by any federal or state court.

I have not been otherwise sanctioned in any jurisdiction during the last ten years.

There is no formal disciplinary complaint currently pending against me before the Tennessee Supreme Court.

I have completed initial or recertification mentor training as provided by CLE Commission Regulations.

I am a government lawyer or judge.

I am in-house counsel for a corporation.

I am a lawyer working for a non-profit agency.

ABOUT YOU

The following information will be compiled to create an individual mentor profile that will be accessible to new or beginning lawyers applying to the program. Personal questions (e.g. inquiries regarding marital status, children, etc.) are optional but are helpful to new lawyers submitting mentor requests. Information provided may also be used for statistical and evaluation purposes.

Undergraduate school: _____

Year of Graduation: _____ **Major:** _____

Law school: _____ **Year of Graduation:** _____

Are you married? Yes No **Do you have children?** Yes No

Bar related activities: _____

Civic activities: _____

Hobbies and interests:

Additional relevant information:

Please indicate what prompted you to become a mentor:

- I have participated in this program before and am renewing my commitment
- I was nominated by a judge, court, or bar Association
- My employer encouraged or asked me to participate
- A new lawyer asked me to be his/her mentor
- I heard about the program and decided to apply on my own initiative
- Other

Please select up to three areas which best describe your practice:

- | | | |
|--|---|---|
| <input type="checkbox"/> Admin/governmental | <input type="checkbox"/> Federal practice | <input type="checkbox"/> Probate/trust/estate |
| <input type="checkbox"/> Antitrust litigation | <input type="checkbox"/> General practice | <input type="checkbox"/> Real estate/landlord
tenant |
| <input type="checkbox"/> Arbitration/mediation | <input type="checkbox"/> General litigation | <input type="checkbox"/> Social security |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Health | <input type="checkbox"/> Sports/entertainment |

- | | | |
|---|--|---|
| <input type="checkbox"/> Business/commercial | <input type="checkbox"/> Immigration | <input type="checkbox"/> Tort and insurance |
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Intellectual property | <input type="checkbox"/> Taxation |
| <input type="checkbox"/> Elder | <input type="checkbox"/> International | <input type="checkbox"/> Traffic |
| <input type="checkbox"/> Employment/labor law | <input type="checkbox"/> Juvenile | <input type="checkbox"/> Trial work |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Practice management | <input type="checkbox"/> Workers comp |
| <input type="checkbox"/> Family/Domestic | <input type="checkbox"/> Personal injury/property Damage | <input type="checkbox"/> Other: |

Check those which apply to your employment:

Type of Practice:

- Solo practice
- Of counsel
- Law firm
- Government office/Judge
- In-House corporate counsel
- Non-legal job
- Other:

Size of firm:

- 1 lawyer
- 2 - 9 lawyers
- 10 - 39 lawyers
- 40 + lawyers

Location of practice:

- Large urban area
- Medium-sized city
- Small city/Rural

Check any or all of the following skills which you possess:

- Appeals
- Research
- Computer/technology
- Law practice management Regulatory board appearances
- Ability to discuss substance abuse and mental health issues

- Ability to be a resource for involvement in bar activities
- Ability to be a resource for involvement in pro bono activities
- Ability to assist with assessing career paths
- Ability to advise on balancing career and home life
- Ability to advise on running a successful solo practice
- Ability to discuss handling law school debt
- Other:

BEING MATCHED TO A NEW LAWYER

Please check the way that you would like to be matched to a new lawyer:

Place me on the Approved Mentor List: I would like to be added to the Approved Mentor List, which is available to new lawyers who have recently passed the Tennessee bar examination. By so doing, I agree to be paired to a new lawyer who selects my name from this list and submits it as a mentor nomination.

If I am not paired with a new lawyer from the upcoming class of new lawyers, I may be paired to another Beginning Lawyer.

Pair me with a specific new lawyer:

There is a particular new lawyer who would like me to be his or her mentor, and we have agreed to participate in this program together. Please pair me with the following new lawyer (whose application is submitted along with mine):

Name of New Lawyer

Attorney Registration No.

ACKNOWLEDGEMENT AND RELEASE

Please review and sign below:

I wish to serve as a mentor in accordance with Rule 21 and the regulations of the Tennessee Supreme Court.

I acknowledge that the information submitted here is complete and accurate to the best of my knowledge.

I certify that I meet all of the mentor requirements I checked above.

I understand that my participation in this program is contingent upon the approval of my application by the Tennessee Supreme Court.

I hereby release the Board of Professional Responsibility of the Supreme Court of Tennessee, and the disciplinary agency of any other state in which I have been or am licensed to practice, to provide to the Commission information on all disciplinary complaints ever filed against me, including those administratively dismissed by the Board or any other agency resulting in non-public discipline.

I acknowledge that I will be awarded six hours of CLE credit only if I satisfactorily complete all program requirements.

I agree to attend or have attended Mentor training specific to this program.

I agree to make the necessary time commitment to maintain a mentoring relationship. If my work or life circumstances change so that I cannot contribute this time, I will contact the Commission on CLE and Specialization.

Signature

Date

Print/Type Name

Attorney Registration Number