



UNITED STATES DISTRICT COURT FOR THE DISTRICT OF IDAHO

PRO BONO PANEL APPLICATION FORM

I am applying to become a member of the District of Idaho's Pro Bono Panel. The following information is provided in support of this Application:

Name: _____

Firm/Business: _____

Telephone: _____

Street Address: _____

City/State/Zip: _____

Email Address: _____

State Bar Membership: _____

Bar Number: _____

Date of Admission: _____

Date Admitted to the U.S. District Court, District of Idaho: _____

I understand that as a member of this Panel, I may be asked to accept an appointment as counsel for a pro se plaintiff/prisoner, in the District of Idaho. I also understand that I may decline an appointment for a good reason, yet remain on the Panel for appointment at a later time. If I accept an appointment, I understand and agree to comply with the cost reimbursement and budgeting process of the Pro Bono Program.

Signature of Applicant

/ Date

Please indicate the type of case you would be interested in representing a litigant pro bono.

Bankruptcy

Contract Dispute

ERISA

Employment Discrimination

Foreclosure

Prisoner Civil Rights Violations

Sexual Harassment

Other _____

Please return this form to:

Keith Bryan, ADR/Pro Bono Administrator
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Boise, Idaho 83724
(208) 334-9067
Keith_Bryan@id.uscourts.gov