

ACCESS TO BANKRUPTCY COURT PRO BONO APPLICATION

Name:

(LAST) (FIRST) (MIDDLE INITIAL)

Firm Name:

Office Address:

(CITY) (STATE) (ZIP CODE)

County:

MI Bar No:

Office Telephone No:

Fax Number:

Email Address:

Education:

Law School:

Date:

Dates of Admission:

A) Federal Court - Eastern District of Michigan: _____ / _____ / _____ B) State Court - Michigan _____ / _____ / _____

C) Other (Circle Circuit, Federal, State, or County, indicate name of Court or Bar, and list admission date for each):

Circuit / Federal / State / County _____ Admission Date: _____ / _____ / _____

Circuit / Federal / State / County _____ Admission Date: _____ / _____ / _____

Circuit / Federal / State / County _____ Admission Date: _____ / _____ / _____

I certify that I am a member in good standing of the State Bar of Michigan and Federal Bar and that I have no record of public discipline by the Michigan Attorney Discipline Board in the past five years:

Yes _____ No _____

Have you ever been reprimanded, disciplined or suspended from practice as an attorney? (If yes, please attach a written explanation.)

Yes _____ No _____

Legal Malpractice Carrier:

Policy Number:

Expiration Date:

I am fluent in a foreign language(s): YES / NO ⇒ If Yes, please Specify: _____

Bankruptcy Case Experience:

Number of Chapter 7 bankruptcy cases handled within the last 12 months: _____

(List below information on the 3 most recent)

Case Number:	_____	Judge:	_____	Disposition:	_____
Case Number:	_____	Judge:	_____	Disposition:	_____
Case Number:	_____	Judge:	_____	Disposition:	_____

Number of Chapter 13 bankruptcy cases handled within the last 12 months: _____

(List below information on the 3 most recent)

Case Number:	_____	Judge:	_____	Disposition:	_____
Case Number:	_____	Judge:	_____	Disposition:	_____
Case Number:	_____	Judge:	_____	Disposition:	_____

Number of bankruptcy adversary cases handled within the last 24 months: _____

(List below information on the 3 most recent)

Case Number:	_____	Judge:	_____	Disposition:	_____
Case Number:	_____	Judge:	_____	Disposition:	_____
Case Number:	_____	Judge:	_____	Disposition:	_____

I certify that the answers provided to the above questions are true and complete.

Dated: _____

Signature

Return completed form with a copy of your engagement letter to Access to Bankruptcy Court, c/o Kim K. Hillary, Schafer and Weiner, PLLC, 40950 Woodward Avenue, Ste. 100, Bloomfield Hills, MI 48304; 248-540-3340; khillary@schaferandweiner.com.

Would you like to waive any fees for your services? YES / NO

If you do not wish to waive your fees and your application is approved, Access to Bankruptcy Court will pay you \$400, with one-half paid upon receipt of the signed Engagement Letter and the balance paid upon completion of the case. If you are willing to handle the case for a lesser amount, please state that amount here: \$_____.