

REGISTRATION FORM FOR MENTOR PROGRAM
*THIS FORM IS TO BE COMPLETED BY YOU EVEN IF YOU
DECLINE A MENTOR ASSIGNMENT*

Name (please print): _____

Firm: _____

Number of Attorneys in Firm: _____ Office: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Yes, I am interested in having a mentor assigned to me.

I would prefer that my participation in the Mentor Program remain confidential to the extent possible.

Yes No

No, I am not interested in having a mentor assigned to me.

because I receive mentoring from members of my firm

Other _____

Areas of law in which you are requesting a mentor:

To the extent possible, you will be matched with a mentor who possesses the attributes identified in the following preferences: **Please indicate your preferences:**

1. Areas of substantive and procedural law and practice management _____

2. The mentors type and size of practice _____

3. Geographical location of mentors practice _____

4. Other requests or specifications for mentor _____

I certify that I am currently a member in good standing of The Florida Bar or am awaiting results of my Florida Bar Examination and character and fitness inquiry by The Florida Bar.

Signature _____ Date _____

Please mail or fax this form and the attached waiver to the Mentor Program Committee, c/o The Jacksonville Bar Association, One Independent Drive, Ste. 2201, Jacksonville, FL 32202.

Phone: 904-399-4486 Fax: 904-399-4854 Website: www.jaxbar.org

MENTEE WAIVER

The Mentor Program is designed to provide attorneys within the Fourth Judicial Circuit and The Jacksonville Bar Association with the opportunity to heighten the degree of civility, professionalism and competence with which to represent their clients by creating an avenue for inexperienced attorneys to learn from more experienced attorneys. Any attorney who practices within the Fourth Judicial Circuit, whether newly admitted or an experienced practitioner, may use the Program.

I, as the mentee, shall contact the mentor and pose my question in the form of a "fact pattern" to avoid divulging the client's identity and to avoid any potential conflict of interest.

I agree and understand that the mentor will not be expected to do any legal research, review documents or pleadings, and that the mentor accepts no professional responsibility for any advice given. I shall make a professional evaluation of all advice received from the mentor and shall advise my client based solely upon my professional opinion, research and evaluation. In no case shall the mentor be liable for the advice provided.

I understand that any disclosure of the specifics of the problem or situation of my client may involve attorney client privilege. Neither the Mentor Program nor the mentors assume any liability or responsibility with respect to the response to an inquiry made pursuant to the Mentor Program. The Mentor Program does not contemplate a mentor rendering professional service to my client and I must ultimately exercise my own independent professional judgment on behalf of my client.

The Fourth Judicial Circuit Professionalism Committee is sponsoring and administering the Mentor Program, together with the mentor attorneys, and is merely rendering a benefit to the legal profession generally. Use of the Mentor Program is governed by the above conditions. Please contact The Jacksonville Bar Association at (904) 399-4486 regarding questions about the Mentor Program. The Jacksonville Bar Association will direct you to the appropriate individual to answer your questions.

I hereby certify that I have read and understand the waiver and agree to comply with the above information as set forth.

Signature: _____

Date: _____

Print Name: _____