

APPLICATION TO ACT AS MENTOR

Name (please print): _____

Firm: _____

Number of Attorneys in Firm: _____ Office: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Areas of Practice to Serve as a Mentor:

Number of Years of Practice in Area:

I have participated in the following Professional Association or Bar Association:

Name of Association or Bar:

No. of Years a Member:

Committee Involvement:

I am interested in being a Mentor for the following reasons: _____

I certify that I have been practicing law for at least seven years, have four years experience in the Fourth Judicial Circuit, have no disciplinary record within the last 10 years, have never been suspended from the practice of law or disbarred at any time, and permit you to make my name available for your Mentor program.

Please mail or fax this form (front and back) to the Mentor Program Committee, c/o The Jacksonville Bar Association, One Independent Drive, Suite 2201, Jacksonville, Florida 32202 (Phone: 904-399-4486; Fax: 904-399-4854).

Signature: _____

Date: _____

MENTOR 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 experience attorneys. Any attorney who practices within the Fourth Judicial Circuit, whether newly admitted or an experienced practitioner, may use the Program.

I understand the mentee shall contact me and pose his or her question in the form of a “fact pattern” to avoid divulging the client’s identity and to avoid any potential conflict of interest.

As mentor, I will not be expected to do any legal research, review documents or pleadings, and I accept no professional responsibility for any advice given. The mentee is expected to make a professional evaluation of all advice received from me and shall advise his or her client based solely upon his/her professional opinion, research and evaluation. In no case shall I be liable for the advice provided.

Mentors are reminded that any disclosure of the specifics of the problem or situation of his/her 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 the mentee’s client and the mentee must ultimately exercise his or her own independent professional judgment on behalf of his or her 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: _____