

US District Court Eastern District of New York

EDNY Mediation Advocacy Program Attorney Application

This is an application for the United States District Court Eastern District of New York Mediation Advocacy Program. This program connects pro se litigants to pro bono counsel for the limited purpose of representation in mediation for matters involving Section 1983 or employment discrimination. Applicants for this program must be admitted to practice in the state of New York for a minimum of two years, and be admitted to the Eastern District of New York. Applicants must have at minimum two years of litigation experience and must be knowledgeable of the laws of employment discrimination and/or Section 1983.

The U.S. District Court for the Eastern District of New York serves a wide variety of litigants, including persons of varying age, race, ethnicity, national origin, gender, sexual orientation, physical or mental ability, religion, socioeconomic and family status. To that end, applicants of all diverse backgrounds and experiences are encouraged to apply.

Once completed, please submit this application form to the EDNY ADR Department via e-mail at nyed_adr@nyed.uscourts.gov with the subject line: Mediation Advocacy Program.



US District Court Eastern District of New York

Attorney Application EDNY Mediation Advocacy Program

Please complete the entire application, including additional pages if necessary.

APPLICANT INFORMATION

Full Name:							
Firm or Office Name:							
Position:							
Address:							
Phone: E-mail Address:				Website:			
Bar Admissions State Bar: Bar Number:					Admission Date:		
Eastern District of New York (Require	d):	Yes	No	Admission Date:			
Have you appeared before an EDNY Ju	idao2	Yes	No				
		res	NO				
f your answer is yes, which Judge(s)?							
LEG	AL AND OT	HER PROF	ESSIONA	L EDUCATION			
Degree: Scho		hool:			Year Graduated:		

LEGAL AND OTHER RELEVANT PROFESSIONAL EXPERIENCE

Provide a summary of your experience with employment law:
Provide a summary of your experience with matters involving Section 1983:
Please provide any other advocacy experience that is relevant to the program.

Describe any mediation-related experience you have.	
Describe your experience representing parties in mediations.	
List any languages spoken other than English.	

CERTIFICATION

Н	lav	e y	/OI	u e	e۷	er	:

Yes No

- (1) Been part of any civil, criminal or administrative proceeding charging you with conduct involving dishonesty, unethical conduct or commission of a crime? Or
- (2) Been disciplined or cited for a breach of ethics or unprofessional conduct by any court, administrative agency, bar association, or professional group, excluding sanctions in an amount less than \$1000, imposed against you in a civil proceeding? (If yes, please attach a declaration).

I certify that all the foregoing information is true and correct.
Date:
Signature:

Please submit this form to the EDNY ADR Department via e-mail nyed_adr@nyed.uscourts.gov with the subject line: Mediation Advocacy Program.