



UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK
PRO BONO PANEL APPLICATION

Name (Last) First Middle

Name of Firm

Business Address City State Zip Code

E-mail Telephone (area code and number)

Are you fluent in one or more foreign languages? [] *Yes [] No

If yes, please specify:

DATE OF EDNY ADMISSION mm / dd / yy OTHER ADMISSION(S):

TYPE OF CASE(S) YOU WOULD PREFER TO REVIEW [] Civil rights [] Employment Discrimination [] Social Security [] No preference

COMMENTS REGARDING QUALIFICATIONS OR AVAILABILITY:

Applicant's Signature Date