

NEW JERSEY COMMISSION ON PROFESSIONALISM IN THE LAW
MORRIS COUNTY BAR ASSOCIATION

JOINT UNIFIED MENTOR PROGRAM
MENTOR APPLICATION

NAME: _____ DATE: _____

FIRM OR COMPANY NAME: _____

ADDRESS: _____

PHONE (WORK): _____ (CELL): _____

EMAIL ADDRESS: _____

1. Have you practiced law for seven or more years? _____

2. State: _____ Year admitted: _____ State: _____ Year Admitted: _____

3. What is your area of legal expertise? _____

4. Do you currently have malpractice insurance? _____

5. In the past five (5) years have you even been publicly sanctioned or reprimanded by the New Jersey Supreme Court, the Disciplinary Review Board, or a disciplinary agency in another state? _____

Signature

Please attach a current resume or some brief biographical information, and a copy of your malpractice declaration page to the MCBA, when returning this application.

Return this form via e-mail to MCBAMentorship@gmail.com and to mitchell@mitchelcobert.com.

Please include your name and the phrase "Mentor Application" in the subject line.