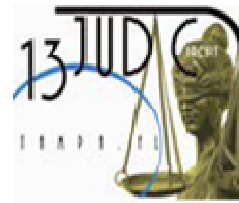




The Hillsborough County Bar Association
Thirteenth Judicial Circuit Mentoring Program



PROTÉGÉ REGISTRATION FORM

NAME: _____

NAME OF EMPLOYER: _____

TITLE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS TELEPHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

LAW SCHOOL: _____

PRACTICE AREA(S): _____

FL BAR NUMBER: _____ DATE ADMITTED: _____

IN WHAT AREAS DO YOU INTEND TO PRACTICE LAW:

- Civil Criminal Family
 Juvenile Probate Guardianship
 Other, please specify: _____

IN WHAT SIZE FIRM DO YOU PRACTICE OR INTEND TO PRACTICE:

- Private Small Firm (1-5 Attorneys) Private Medium Firm (6-20 Attorneys)
 Private Large Firm (over 20 Attorneys) Corporate In-House
 Public Interest Law Group Legal Services Corporation
 Government (Circle one: local, state, federal)
 Other, please specify: _____

DO YOU SPEAK ANY FOREIGN LANGUAGES? IF SO, WHICH LANGUAGE(S):

HOBBIES / INTERESTS: _____

WHAT DO YOU HOPE TO GAIN FROM PARTICIPATING IN THE MENTORING PROGRAM?

PLEASE LIST ANY PERSON YOU WOULD LIKE TO REQUEST SERVE AS YOUR MENTOR:

IS THERE ANY OTHER INFORMATION YOU BELIEVE IS RELEVANT TO YOUR PARTICIPATION AS A PROTÉGÉ IN THE MENTORSHIP PROGRAM?

I certify that the above information is true and accurate. I understand that the information in this registration form will be shared with any attorneys chosen to be assigned to me as a Mentor. I also understand that I must keep all confidential information received from my Mentor confidential, that I am not to solicit or obtain free legal assistance from my Mentor, that I am not to provide free legal advice to my Mentor, that I am not to refer cases to my Mentor for a referral fee, and that I am not to accept referrals from my Mentor.

SIGNATURE: _____ DATE: _____

Please mail this registration form to the Hillsborough County Bar Association at: 1610 North Tampa Street, Tampa, Florida, 33602.