

Please complete the following Mentor Disclaimer & Release and Applications forms, and mail to:

Illinois State Bar Association
Attention: Mentoring – Melinda Bentley
Illinois Bar Center
424 S. Second Street
Springfield, IL 62701

Or fax to: 217-5259063

THE ILLINOIS STATE BAR ASSOCIATION MENTORING PROGRAM

Mentor Disclaimer and Release

I understand that as a mentor participating in the Illinois State Bar Association Mentoring Program, any advice I provide in the course of the mentoring relationship is solely for the purpose of guiding the mentee in the practice of law. I understand this relationship is an educational resource to discuss general issues confronted in the practice of law, including, but not limited to, attorney/client relations, law office administration and management, professionalism and legal ethics. I understand that the mentee will not rely upon my advice and/or statements as legal advice. I agree that I am not representing any of the mentee's clients or rendering legal advice to any client through the mentee.

I understand and agree that the information I provide in the course of the mentorship will not be relied upon by the mentee as a substitute for his/her own independent judgment or professional legal opinions. I understand that I am not a supervising lawyer as defined by Rule 5.1 of the Illinois Rules of Professional Conduct. Neither I nor the Illinois State Bar Association provides any warranty for information shared, divulged or given to the mentee.

I recognize and agree that if I receive knowledge that the mentee has engaged in professional misconduct, I may be obligated to report the conduct, if required by Rule 8.3 of the Illinois Rules of Professional Conduct.

I hereby agree that in no event will I file suit or otherwise attempt to hold liable for damages, the Illinois State Bar Association, any mentee, member, staff or agent of the Illinois State Bar Association as a result of my participation in this program. As a mentor, I agree to indemnify and hold harmless the Illinois State Bar Association from any and all claims, suits, actions or proceedings of any kind arising out of, or in connection with, any advice or guidance I give in relation to this program.

Date

Signature of Mentor

Application to Serve as an ISBA Mentor

Please Print or Type:

ARDC# _____

Name _____

County(ies) _____

Office Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

E-mail _____

I am also licensed to practice law in the following states:

I prefer mentees contact me via (check all that apply): _____ Phone _____ E-mail
(***Note: This information will be disclosed on the ISBA Website to Potential Mentees)

Required: I have professional liability insurance:

a) My insurance company is _____

b) My policy number is _____

c) My policy expires _____

Authorization is hereby given to determine from the Attorney Registration and Disciplinary Commission that I am a member in good standing before the Bar of Illinois as provided in Rule IV.D.4. I agree to accept a status of suspension from serving as a mentor during such time as a complaint may be pending as voted by the inquiry Board of the Attorney Registration and Disciplinary Commission and until such time as the complaint is either dismissed or the participant-member is permitted to resume practice by the Illinois Supreme Court.

Signed _____ Firm Name _____

Please check all areas in which you would like to serve as a mentor:

A. Addressing Personal & Professional Demands of Practice

- _____ 1. Balancing Your Personal & Professional Life
- _____ 2. Running Your Law Office Like a Business
- _____ 3. Sole Practitioner/Hanging Out Your Shingle

B. Substantive Law Areas

- ___ 1. Agriculture
 - ___ 2. American Disabilities Act
 - ___ 3. Animal Rights
 - ___ 4. Appellate Practice
 - ___ 5. Aviation
 - ___ 6. Banking
 - ___ 7. Bankruptcy
 - ___ 8. Civil Rights
 - ___ 9. Civil Practice (general)
 - ___ 10. Collection
 - ___ 11. Condemnation/Eminent Domain
 - ___ 12. Consumer Complaint/Warranty
 - ___ 13. Contracts
 - ___ 14. Corporate & Business Law
 - ___ a. Franchise
 - ___ 15. Criminal (general)
 - ___ a. Criminal appeals
 - ___ b. Felony
 - ___ c. Misdemeanor
 - ___ d. Prisoner Rights
 - ___ 16. Domestic/Family
 - ___ a. Domestic violence
 - ___ b. Fathers/Mothers' rights
 - ___ c. Grandparents' rights
 - ___ d. Guardianship
 - ___ e. Child custody/support
 - ___ f. Visitation
 - ___ g. Paternity
 - ___ h. Divorce/Separation/Annulment
 - ___ i. Adoption
 - ___ 17. Disability
 - ___ 18. Drainage and Water Rights
 - ___ 19. Elder Law
 - ___ a. Nursing home issues
 - ___ 20. Employment/Discrimination (general)
 - ___ a. Sexual Harassment
 - ___ b. Retirement benefits
 - ___ c. Discrimination
 - ___ d. Labor relations
 - ___ e. Unemployment Comp
 - ___ 21. Environmental
 - ___ 22. Estates, Trust & Wills
 - ___ 23. Federal Practice
 - ___ 24. Government Relations
 - ___ 25. Healthcare
 - ___ 26. Immigration/Naturalization
 - ___ 27. Injunctions
 - ___ 28. International Law
 - ___ 29. Insurance
 - ___ 30. Juvenile
 - ___ 31. Licensing
 - ___ 32. Malpractice
 - ___ a. Legal
 - ___ b. Medical
 - ___ c. Dental
 - ___ d. Veterinarian
 - ___ 33. Mediation/Arbitration
 - ___ 34. Medicare/Medicaid
 - ___ 35. Military
 - ___ a. Veterans Benefits
 - ___ b. Veterans Malpractice
 - ___ 36. Mineral Rights
 - ___ 37. Motor Vehicles
 - ___ a. Car insurance
 - ___ 38. Municipal Law
 - ___ 39. Patent/Trademark
 - ___ a. Intellectual Property
 - ___ b. Entertainment
 - ___ 40. Pension
 - ___ 41. Personal Injury/Wrongful Death
 - ___ 42. Public Aid
 - ___ 43. Real Estate
 - ___ 44. Real Estate Taxation
 - ___ 45. Securities
 - ___ 46. Social Security
 - ___ 47. Taxation
 - ___ 48. Tenant/Landlord
 - ___ 49. Traffic
 - ___ 50. Transportation
 - ___ 51. Workers' Compensation
 - ___ 52. Zoning
 - ___ 53. Other (please list)_____
-

Optional Additional Information:

Mentees may desire the opportunity to select mentors with particular personal characteristics. Please provide any or all of the information stated below which you would like ISBA to include with your profile.

Year of Admission: _____

Law School: _____

Other Jurisdictions Admitted to Practice: _____

Professional Associations: _____

Honors: _____

Publications/Seminars: _____

I am member of the following ISBA Section Council(s) or Committee(s): _____

Practice Size: Solo 2-5 5-10 10-25 25-75 75-100 100 or more

Age: _____

Gender: Male Female

Identifications with Racial/Ethnic Groups: _____

Non-Work Related Pass Times: _____

Area of Mentoring Interest (Check any/all which may apply):

ad hoc inquiries on substantive areas

on-going mentoring relationship

other (please describe) _____