



**LAWYER TO LAWYER MENTORING PROGRAM**  
**MENTOR APPLICATION**

Please type or print legibly.

Name: \_\_\_\_\_ Attorney Registration No. \_\_\_\_\_

Law Firm/Court/Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**MENTOR REQUIREMENTS**

Please check all of the following that apply:

- I am an attorney licensed in Ohio registered active and in good standing, OR
- I am an attorney registered for corporate counsel status in Ohio, OR
- I am an attorney licensed in Ohio registered inactive and in good standing and satisfy one of the following conditions:

- I am a federal judicial officer.
- I am a member of law school faculty or law school administration.
- I am recently retired from the active practice of law.

\_\_\_\_\_

- I have been admitted to practice law in Ohio for at least five years, OR
- I have been registered for corporate status in Ohio and admitted to practice for at least five years in another state, OR
- I have been admitted to practice for at least five years total in Ohio and in another state.

If applicable, please provide information regarding admissions in other states:

\_\_\_\_\_

\_\_\_\_\_

- I have a reputation among judges and peers in the local legal community for competence and ethical and professional conduct.
- I have never been suspended or disbarred from the practice of law in any state nor have I voluntarily surrendered my license to resolve a pending disciplinary proceeding.



THE SUPREME COURT of OHIO

COMMISSION ON PROFESSIONALISM

- There is no formal disciplinary complaint currently pending against me before the Supreme Court of Ohio.
- I have not been administratively suspended in any jurisdiction during the prior 10 years, including suspensions resulting from a deficiency in continuing legal education hours or a failure to complete attorney registration in a timely fashion.
- I have not been held in contempt by any tribunal within the prior 10 years.
- I have not been found to have violated Civ.R. 11 or Fed.R.Civ.P. 11 or to have engaged in frivolous conduct pursuant to R.C. 2323.51 within the prior 10 years.
- I have not been subjected to a monetary sanction resulting from a deficiency in continuing legal education hours within the prior 5 years.

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- I carry professional liability insurance of at least \$100,000 per occurrence and \$300,000 in the aggregate (or its equivalent), or I meet one of the following exceptions:
    - I am a government lawyer or judge.
    - I am in-house counsel for a corporation.
    - I am a lawyer working for a non-profit agency.
    - I intend to mentor a new lawyer in-house.
    - I am a member of law school faculty or law school administration.
    - I am retired from the active practice of law.

**Additional Questions:**

During the last 10 years, have you been the subject of a:

Criminal action?  Yes  No

If yes, please provide a copy of the dismissal or other documents related to the action by email to lawyer2lawyer@sc.ohio.gov.

Formal disciplinary charge with probable cause affirmed by the Board of Professional Conduct?  Yes  No

If yes, please provide the disciplinary case number. \_\_\_\_\_

During the last 10 years, has any claim or suit arising out of the rendition of legal services been made against you?  Yes  No

If yes, please provide a copy of the dismissal or other documents related to the action by email to lawyer2lawyer@sc.ohio.gov.



**ABOUT YOU**

The following information will be compiled to create an individual mentor profile that will be accessible only to prospective mentees applying to the program. Personal questions (*e.g.*, inquiries regarding marital status, children, etc.) are optional but are helpful to mentees in nominating compatible mentors. Information provided may also be used for statistical and evaluative purposes.

Undergraduate school: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Major: \_\_\_\_\_

Law school: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Are you married?  Yes  No      Do you have children?  Yes  No

Bar related activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Civic activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies and interests:

\_\_\_\_\_  
\_\_\_\_\_

Additional relevant information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Please indicate what prompted you to become a mentor:**

- I have participated in this program before as a mentor and am renewing my commitment
- I was nominated by a judge, court, or bar association
- My employer encouraged or asked me to participate
- A specific attorney asked me to be his/her mentor
- I heard about the program and decided to apply on my own initiative
- I participated in the program previously as a mentee
- Other \_\_\_\_\_

**Please select up to three areas that best describe your practice:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Admin/governmental    | <input type="checkbox"/> Federal practice                | <input type="checkbox"/> Probate/trust/estate        |
| <input type="checkbox"/> Antitrust litigation  | <input type="checkbox"/> General practice                | <input type="checkbox"/> Real estate/landlord tenant |
| <input type="checkbox"/> Arbitration/mediation | <input type="checkbox"/> General litigation              | <input type="checkbox"/> Social Security             |
| <input type="checkbox"/> Bankruptcy            | <input type="checkbox"/> Health                          | <input type="checkbox"/> Sports/entertainment        |
| <input type="checkbox"/> Business/commercial   | <input type="checkbox"/> Immigration                     | <input type="checkbox"/> Tort and insurance          |
| <input type="checkbox"/> Criminal              | <input type="checkbox"/> Intellectual property           | <input type="checkbox"/> Taxation                    |
| <input type="checkbox"/> Elder                 | <input type="checkbox"/> International                   | <input type="checkbox"/> Traffic                     |
| <input type="checkbox"/> Employment/labor law  | <input type="checkbox"/> Juvenile                        | <input type="checkbox"/> Trial work                  |
| <input type="checkbox"/> Environmental         | <input type="checkbox"/> Practice management             | <input type="checkbox"/> Workers compensation        |
| <input type="checkbox"/> Family/Domestic       | <input type="checkbox"/> Personal injury/property damage | <input type="checkbox"/> Other _____                 |

**Check those which apply to your employment:**

**Type of Practice:**

- Solo practice
- Of counsel
- Law firm
- Government office/Judge
- In-house corporate counsel
- Non-legal job
- Other \_\_\_\_\_

**Size of firm/organization:**

- 1 lawyer
- 2 - 9 lawyers
- 10 - 39 lawyers
- 40 + lawyers

**Location of practice:**

- Large urban area
- Medium-sized city
- Small city/rural area



Check any or all of the following skills that you possess:

- Appeals
- Computer/technology
- Law practice management
- Regulatory board appearances
- Research
- Ability to discuss substance use and mental health issues
- Ability to be a resource for involvement in bar activities
- Ability to be a resource for involvement in pro bono activities
- Ability to assist with assessing career paths
- Ability to advise on balancing career and personal life
- Ability to advise on running a successful solo practice
- Ability to discuss handling law school debt
- Other \_\_\_\_\_

**BEING MATCHED TO A MENTEE**

Please check the way that you would like to be matched to a mentee:

- Place me on the Pre-Approved Mentor List:** I would like to be added to the Pre-Approved Mentor List, which is available to attorneys who have recently passed the Ohio bar examination. By so doing, I agree to be paired to a mentee who selects my name from this list and submits it as a mentor nomination. If I am not paired with a mentee from the upcoming class of admittees, I may be paired to a mentee in a following class. (Matching occurs in the months of January and July.)

Match me to a specific attorney:

- There is a particular attorney who would like me to be his or her mentor, and we have agreed to participate in this program together. Please pair me with the following attorney:

\_\_\_\_\_  
Name of Mentee

\_\_\_\_\_  
Attorney Registration No.

- My employer has adopted Lawyer to Lawyer Mentoring for our firm or legal organization and is suggesting that I be paired to the following attorney in our firm or legal organization:

\_\_\_\_\_  
Name of Mentee

\_\_\_\_\_  
Attorney Registration No.

\_\_\_\_\_  
Name of Firm/Office Attorney  
Supervising Mentoring Program

\_\_\_\_\_  
Phone No. of Firm/Office Attorney  
Supervising Mentoring Program

All mentor-mentee pairings are subject to the approval of the Commission on Professionalism.



**ACKNOWLEDGEMENT**

**Please review and sign below:**

I wish to serve as a mentor in the Lawyer to Lawyer Mentoring Program in accordance with its rules and regulations.

I acknowledge that the information submitted here is complete and accurate to the best of my knowledge.

I certify that I meet all of the mentor requirements I checked above.

I agree to update the information contained in this application if and when any of the information provided herein changes.

I understand that my participation in this program is contingent upon the approval of my application by the Commission on Professionalism.

I understand that the Supreme Court of Ohio Commission on Professionalism reserves the right to interview me about allegations of unprofessional conduct and/or disciplinary violations at any time and revoke my mentor approval at its discretion.

I understand that the mentee to whom I am matched is ultimately determined and approved by the Commission, and there is no guarantee that I will be matched to a mentee.

I acknowledge that I will be awarded twelve (12) hours of CLE credit only if I satisfactorily complete all program requirements.

I agree to attend or view an orientation specific to this program.

I agree to make the necessary time commitment to maintain a mentoring relationship. If my work or life circumstances change so that I cannot contribute this time, I will contact the Commission on Professionalism.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Attorney Registration Number**

\_\_\_\_\_  
**Print/Type Name**

**FAX TO 614.387.9529 OR SCAN & SEND BY EMAIL TO  
lawyer2lawyer@sc.ohio.gov**