

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORK**



Robert H. Jackson
United States Courthouse
2 Niagara Square
Buffalo, New York 14202
Phone: 716-551-1700
Fax: 716-551-1705

Kenneth B. Keating
Federal Building
100 State Street, Room 2120
Rochester, New York 14614
Phone: 585-613-4000
Fax: 585-613-4035

***Pro Bono* Volunteer Panel Form**

Attorney Name:

Law Firm:

Address:

Phone Number(s):

Email Address:

Year Admitted to the WDNY:

You may indicate a preference for limited scope *pro bono* appointments by selecting the option below:

Limited Scope: I am willing to represent a *pro se* litigant for a specific limited representation outlined by the presiding judge - *e.g.*, representation in mediation, amending pleadings, etc.

Nearest Courthouse:

ACKNOWLEDGEMENT

I, the undersigned, have read L.R. Civ. P. 83.8, and hereby request to become a member of the Court's Volunteer *Pro Bono* Panel. I understand that upon receiving a *pro bono* assignment from the Court, I will be affiliated with either the Erie County Bar Association Volunteer Lawyers Project, Inc. ("VLP") or Volunteer Legal Services Project of Monroe County, Inc. ("VLSP") throughout the *pro bono* assignment. I understand that as an affiliate of VLP or VLSP under the rule, I will be entitled to the benefits and protections afforded to volunteer attorneys of either entity, including but not limited to, primary malpractice insurance coverage and CLE credits for the *pro bono* hours provided during my assignment. I understand that VLP or VLSP will open a case file for my *pro bono* assignment and that I will be required to periodically report the procedural status of the case to VLP or VLSP, as requested. I agree to promptly notify the Court in writing if I am no longer able/willing to serve as a member of the Volunteer Panel and understand that the Court may remove me from the Volunteer Panel at any time, for good cause.

Signature: _____

Date: _____