

CIVIL PRO BONO LEGAL SERVICES PROGRAM

**United States District Court
Northern District of Ohio**

Name: _____ Phone: _____

Firm: _____ E-Mail: _____

Address: _____
Street City Zip

Bar Number: _____

I will participate in the Civil Pro Bono Legal Services Program for the U.S. District Court for the Northern District of Ohio. My civil practice areas of preference are:

1. _____
2. _____
3. _____

My most recent federal court appearances are (case name and number):

1. _____
2. _____
3. _____

I was admitted to practice in the Northern District on _____; I have read the Pro
(date)
Bono Protocol and agree to follow the procedure for expense reimbursement.

Date: _____
Signature _____

Return to: Office of the Clerk
United States District Court
Northern District of Ohio
801 W. Superior Ave.
Cleveland, OH 44113