



**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF TENNESSEE**

APPLICATION TO JOIN CIVIL PRO BONO PANEL

| | | | |
|-------------------------------|------------|--|----------|
| Attorney's Name | | BPR No. | |
| Street Address | | City/State | Zip Code |
| Office No. | Mobile No. | Email | |
| Date Licensed to Practice Law | | Date Admitted to Practice in Federal Court | |

Types of Civil Cases Attorney is Willing to Accept by Appointment

- Employment Discrimination Prisoner Civil Rights
- Social Security Other Civil Rights
- Other (*please specify*)

Check this box if the application is being submitted on behalf of a law firm and the individual listed above is the firm's primary contact.

Certification of Malpractice Insurance Coverage

By signing below, I certify that I am covered by malpractice insurance that covers my representation of litigants for whom I accept appointment and that I will continue to carry coverage for the duration of my representation and my membership on the Civil Appointments Panel.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

Please Return This Form by Mail or Email

United States District Court
Western District of Tennessee
167 N. Main Street, Suite 242
Memphis, TN 38103

probonopanel@tnwd.uscourts.gov