

WESTERN DISTRICT OF TENNESSEE

APPLICATION TO JOIN CIVIL PRO BONO PANEL

Attorney's Name:		BRP#
Address:		
City/State:		Zip Code:
Phone Numbers (Office/Mobile)		
Email Address:		
Date licensed to practice law:	Date Admitted to Practice in Federal Court:	

Types of Civil Cases in which Attorney is willing to accept an Appointment:

- Employment Discrimination       Prisoner Civil Rights  
 Social Security                       Other Civil Rights  
 Other \_\_\_\_\_

Please check here if this application is being submitted on behalf of a law firm and the above-named individual is the law 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:
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Please return this form by mail or email:  
United States District Court  
167 N. Main Street – RM 242  
Memphis, TN 38103

Email: [probonopanel@tnwd.uscourts.gov](mailto:probonopanel@tnwd.uscourts.gov)