

ONEIDA COUNTY BAR ASSOCIATION
258 GENESEE STREET, SUITE 302
UTICA, NEW YORK 13502



ATTORNEY MENTORING PROGRAM

APPLICATION TO BE A MENTOR:

The Attorney Mentoring Program, sponsored by the Oneida County Bar Association, is designed to heighten the degree of civility, professionalism and competence between attorneys within the Oneida County Bar Association.

Please print the following information:

Name: _____

Firm: _____

Address: _____

Phone: _____

Fax: _____

E-Mail: _____

Areas of Practice to Serve as a Mentor:

Number of Years in Practice in Area:

I am interested in being a Mentor for the following reasons:

Have you ever been sanctioned, suspended, resigned or disbarred from the practice of law in any jurisdiction? Are there any pending disciplinary proceedings against you? If yes, set forth a brief description.

I certify that I have been practicing law for at least 10 years, have no disciplinary record within the last 10 years, have never been suspended from the practice of law or disbarred at any time, and permit you to make my name available for the Attorney Mentoring Program.

Signature: _____ **Date:** _____

MENTOR WAIVER:

Any attorney who practices law within the area and who is a member of the Oneida County Bar Association may use the Attorney Mentoring Program. An attorney who wishes to use the program may be a newly admitted attorney or an experienced attorney. The Attorney Mentoring Program is an avenue for an inexperienced attorney to learn from a more experienced attorney, or under certain circumstances, an experienced attorney may need the services of another attorney, such as in the area of computer expertise.

I understand the Mentee shall contact me and pose his/her questions in the form of a "Fact Pattern" to avoid divulging the clients' identity and to avoid any potential conflict of interest. As a Mentor, I will not be expected to do any legal research, review documents or pleadings, and I accept no professional responsibility for any advice given. The Mentee is expected to make a professional evaluation of all advice received from me and shall advise his/her client based solely upon his/her professional opinion, research and evaluation. In no case shall I be liable for the advice provided. I agree not to disclose that I am the Mentor to any third party, including the client, unless the Mentor

and Mentee agree to do so.

Mentors are reminded that any disclosure of the specifics of the program or situation of the Mentee's client may involve attorney client privilege. Neither the Mentor Program nor the Mentors assume any liability or responsibility with respect to the response to an inquiry made pursuant to the Mentoring Program. The Attorney Mentoring Program does not contemplate a Mentor rendering professional service to the Mentee's client and the Mentee must ultimately exercise his/her own independent judgment. I shall not disclose the identity of the Mentee to any third party without his/her permission

The Oneida County Bar Association is merely administering the Attorney Mentoring Program as a benefit to the legal profession generally. No liability shall arise or result from the Oneida County Bar Association administering the program.

The length of the Mentor/Mentee relationship is one year from the date on this application. The Mentor and Mentee must meet a minimum of six times during that year.

Use of the Mentor Program is governed by the above conditions.

I hereby certify that I have read and understand the waiver and agree to comply with the above information as set forth. I also certify that I am currently duly licensed to practice law in the State of New York and am a member in good standing of the Oneida County Bar Association.

Print Name: _____

Signature: _____

Date: _____

Please return this form to:

Executive Director Diane Parslow
Oneida County Bar Association
258 Genesee Street, Suite 302
Utica, New York 13502
(315) 724-4901

Or, by e-mail to: diane@oneidacountybar.org