

ONEIDA COUNTY BAR ASSOCIATION  
258 GENESEE STREET, SUITE 302  
UTICA, NEW YORK 13501



## ATTORNEY MENTORING PROGRAM

### APPLICATION TO ACT AS A MENTEE:

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

**Please print the following information:**

**Name:** \_\_\_\_\_

**Firm:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

\_\_\_\_\_ Yes, I am interested in having a mentor assigned to me.

\_\_\_\_\_ I prefer that my participation in the Mentor Program remain confidential to the extent possible.

\_\_\_\_\_ I am facing disciplinary charges and/or am involved with an issue before the Attorney Grievance Committee.

To the extent possible, you will be matched with a mentor who possesses the attributes you seek in the following areas:

1. Areas of law in which you are requesting a mentor:
  
  
  
  
  
  
  
  
  
  
2. Law Practice Management:
  
  
  
  
  
  
  
  
  
  
3. Other requests or specifications of mentor: (Such as technological requests).

I 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MENTEE 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 also an avenue for an 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, as the Mentee, shall contact the Mentor and pose my question in the form of a "Fact Pattern" to avoid divulging the clients' identity and to avoid any potential conflict of interest. I agree and understand that the Mentor is not expected to do any legal research, review documents or pleadings, and that the Mentor accepts no professional responsibility for any advice given. I shall make a

professional evaluation of all advice received from the Mentor and shall advise my client solely upon my professional opinion, research and evaluation. In no case shall the Mentor be liable for the advice provided. I agree that I will not disclose the identity of the Mentor to any third party, including the client, unless the Mentor and Mentee agree to do so.

I understand that any disclosure of the specifics of the problem or situation of my client may involve attorney client privilege. Neither the Attorney Mentoring Program, or the Oneida County Bar Association or the Mentors assume any liability or responsibility with respect to the response to an inquiry made pursuant to the Attorney Mentoring Program. The Attorney Mentoring Program doesn't contemplate a mentor rendering professional service to my client and I must ultimately exercise my own independent professional judgment on behalf of my client. I shall not disclose the identity of the Mentor to any third party without his/her permission.

The Oneida County Bar Association is 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 Attorney Mentoring 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.**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please return this form to:**

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

**or by email to: [diane@oneidacountybar.org](mailto:diane@oneidacountybar.org)**