**UNITED STATES DISTRICT COURT**

**WESTERN DISTRICT OF LOUISIANA**

**CIVIL PRO BONO COUNSEL APPLICATION**

|  |  |
| --- | --- |
| **Name:** | **Number of jury trials:** |
| **Firm:** | **Number of bench trials:** |
| **Address:** | **Number of court hearings:** |
| **Email:** | **Date Admitted to**  **Louisiana Bar:** |
| **Office Telephone:** | **Date Admitted to**  **W.D. LA Bar:** |
| **Attorney/Bar No.:** | **Admitted to federal courts of appeal:** |
| **PACER Account Number:** | **Admitted to other federal districts:** |
| **Professional memberships:** | **Foreign language(s):** |
| **Malpractice insurance carrier, policy number, and policy limits:** |  |

I hereby certify that the above information is true and correct to the best of my knowledge.

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