

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MASSACHUSETTS

2016 PRO BONO RECOGNITION PROGRAM  
ATTORNEY CERTIFICATION



Attorney Name:  
Employer Name and  
Massachusetts  
Address:

Email:

Telephone:

I am a CM ECF Registered User

**By my signature below, I certify to the Court that with respect to *pro bono* participation and/or services from September 1, 2015 through and including August 31, 2016:**

I volunteered my services and appeared pro bono for an individual party in a bankruptcy case or adversary proceeding:

Case Number(s): \_\_\_\_\_

Legal Service Agency Referring Case (if applicable):

VLP  CLA

SCCLS  GBLS

Other: \_\_\_\_\_

I acted as a mediator pro bono in a bankruptcy case. Case number(s): \_\_\_\_\_

I volunteered at:

A Pro Se Clinic (Dates:)

A Reaffirmation Clinic (Dates):

I volunteered as a trainer of volunteer attorneys who would undertake representation of indigent individuals through nonprofit legal service agency:

Name of nonprofit organization:

Dates of training:

I volunteered by counseling individuals seeking relief from financial distress on behalf of a nonprofit legal services agency or other nonprofit organization (such as a homeless shelter, hospital, etc.) without compensation or the expectation of compensation or comparable value:

Name of nonprofit organization:

Details:

I mentored new volunteer practitioners who appeared *pro bono* in bankruptcy cases or adversary proceedings through a nonprofit legal service agency:

Name of legal service agency:

Name(s) of mentoree(s):

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I volunteered in the M. Ellen Carpenter Financial Literacy Program (please provide all details, including but not limited to dates and schools/venue):

**AND I AM** (Check one)

\_\_\_ Employed with the law firm noted above

\_\_\_ A solo practitioner

\_\_\_ An attorney with a government agency noted above

\_\_\_ An in-house corporate attorney, employed as noted above

\_\_\_ Pro Bono Retired as provided by Massachusetts Supreme Judicial Court Rule 4:02(8)(a)

**X** **AND** the time devoted to approved *pro bono* legal services is treated the same by me and/or my employer as time devoted to billable or profitmaking time or its equivalent.

Signature (please see below): \_\_\_\_\_ Date: \_\_\_\_\_

Registered CM ECF Users may use “/s/” as permitted under Appendix 8, Massachusetts Local Bankruptcy Rules.

Please sign, scan and email the document to: [probono@mab.uscourts.gov](mailto:probono@mab.uscourts.gov). Please retain the original.

**Certifications must be sent from the same email address noted above.**