



# United States Bankruptcy Court for the District of Massachusetts

## Adversary Proceeding Pro Bono Panel Application: 2018-2020

### Applicant Information

Full Name:

\_\_\_\_\_  
*Last* *First* *M.I.*

Firm:

\_\_\_\_\_

Business Address:

\_\_\_\_\_  
*Street Address* *Suite*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Phone:

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

Email address:

\_\_\_\_\_

Website:

### Admission Information

BBO No.:

Date of Admission, MA:

Admission Date, USDC-MA:

Other jurisdictions:

CM ECF Login:

**Willing to Accept Cases on behalf of Parties in:**

- Eastern Division       Western Division       Any  
 Central Division       Cape & Islands       Any, Depends on Case  
 Can Travel to Client       Accessible by Public Trans.

**Languages**

Spanish     ASL     Other(s): \_\_\_\_\_

**Professional Liability Insurance**

*Please note: Certain matters require volunteers to have professional liability insurance.*

No     Yes    Coverage Limits: \_\_\_\_\_    Renewal Date: \_\_\_\_\_

**Have you been a member of any society or organization providing counsel to indigent persons in civil cases? Please describe service and experience.**

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**Case Matters to Volunteer**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Any                       | <input type="checkbox"/> Debtor - Defendant   | <input type="checkbox"/> Debtor - Plaintiff   |
| <input type="checkbox"/> Creditor - Defendant      | <input type="checkbox"/> Creditor - Plaintiff | <input type="checkbox"/> Any, Depends on Case |
| <input type="checkbox"/> Discharge – Student Loans | <input type="checkbox"/> Discharge - DSO      | <input type="checkbox"/> Discharge - other    |
| <input type="checkbox"/> Discharge - Taxes         | <input type="checkbox"/> Preferences          | <input type="checkbox"/> Fraudulent Transfers |

**Signature**

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

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

Please print sign and mail to:

Pro Bono Coordinator  
United States Bankruptcy Court  
5 Post Office Square, Suite 1150  
Boston, MA 02110

***or***

Please print, sign, scan and email the PDF to (please retain the original):  
probono@mab.uscourts.gov