United States Bankruptcy Court
for the District of Massachusetts

Adversary Proceeding Pro Bono Panel Application

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 Paries 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.

Case Matters to Volunteer

☐ Any	☐ Debtor - Defendant	☐ Debtor - Plaintiff
☐ Creditor - Defendant	☐ Creditor - Plaintiff	☐ Any, Depends on Case
☐ Discharge – Student Loans	☐ Discharge - DSO	☐ Discharge - other
☐ Discharge - Taxes	☐ Preferences	☐ Fraudulent Transfers

Signature

Signature: _____

Date: _____

Please print sign and mail to:

Clerk of Court
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