## UNITED STATES BANKRUPTCY COURT DISTRICT OF MASSACHUSETTS

PRO BONO RECOGNITION PROGRAM ATTORNEY CERTIFICATION



Attorney Name: Employer Name and							
Massachusetts Address:	Т	Telephone:					
I am a CM ECF Registered User							
	below, I certify to the Court that w from September 1, 2020 through a					on	
adversary proceed	l my services and appeared pro bono ding, without charge, fee or other cor my employer/firm:						
Case Number(s):	Legal Service Agency Referring Ca	(16					
	Legal Service Agency Referring Ca	se (if a	ipplicable):		VLP		CLA
			Other:		SCCLS		GBLS
□ I acted as a n	mediator pro bono in a bankruptcy c	ase. C	ase number(	(s):			
□ I volunteere	d at:						
$\Box$ A Pro Se Cl	inic (Dates:)						
individuals throug	d as a trainer of volunteer attorneys gh nonprofit legal service agency: nonprofit organization: Dates of training:	who v	vould under	take re	presentatio	on of inc	ligent
legal services agen compensation or t	ed by counseling individuals seeking ncy or other nonprofit organization ( che expectation of compensation or c nonprofit organization: Details:	such a	is a homeless				-

□ I mentored new volunteer practitioners who appeared *pro bo*no in bankruptcy cases or adversary proceedings through a nonprofit legal service agency:

Name of legal service agency: Name(s) of mentoree(s): □ 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):	Signature	(please see	below):	
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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. Please retain the original.

Certifications will be accepted by email only if sent from the same email address noted above.