

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA**

APPLICATION FOR MEMBERSHIP ON CIVIL TRIAL ASSISTANCE PANEL

I, _____, having been admitted to practice before the United States District Court for the Southern District of Indiana and being a member in good standing of the Bar of such Court, do hereby apply for membership in the Civil Trial Assistance Panel of that Court. In support of this Application, I have supplied the following information:

Full Name: _____

Firm or Business: _____

Business Address: _____

Business Telephone: _____ Fax: _____

Specialized Area of Law (if any): _____

Year of Admission to the Southern District of Indiana: _____

Email Address: _____

Please rank, in order of preference ("1" being the most preferred, "5" being the least preferred), your preference for accepting a case which involves the following types of matters:

- _____ Employment discrimination action
- _____ Civil rights action filed by person in custody
- _____ Other civil rights action
- _____ Social Security appeal
- _____ Other action - state preference: _____

If you are able to consult and advise in languages other than English, please indicate below:

G Spanish G Other: _____

Please indicate your preference as to level of involvement:

- _____ Handle entire litigation through trial, or if not, would prefer to:
- _____ Assist litigant with limited phase of case, such as formation of pleadings or discovery
- _____ Assist litigant with making and responding to dispositive motions (e.g. motion to dismiss, motion for summary judgment)
- _____ Serve as stand-by counsel at trial
- _____ Assist another attorney who has primary responsibility for case
- _____ Seek involvement after summary judgment ruling

Please check below if you would you consider:

- _____ Sharing responsibility for a case with another lawyer

Please indicate all Divisions of this Court in which you are willing to accept a case:

- | | |
|----------------|---------------|
| G Indianapolis | G Terre Haute |
| G Evansville | G New Albany |

In making this Application, I represent that I am willing to represent civil litigants determined to be eligible for representation under any applicable statutory authority and for whom the request for counsel has been made pursuant to Rule 4.6 of the Local Rules of the United States District Court for the Southern District of Indiana. I recognize that I may decline a request by the Court for representation of an individual, but I will make a reasonable effort to accept a request when I am able to do so. In addition, I shall supplement this Application, in writing, from time to time as requested by the Court and as circumstances warrant so as to keep the Court informed of any change in my address or other information relevant to my membership on the Civil Trial Assistance Panel.

Date: _____

Signature: _____

For use by the Court

Appointed to Civil Trial Assistance Panel of Attorneys on _____, 20____.

Member of sub-panel for the _____ Division.

Execute original only and return to: Kristine Seufert
United States Courthouse, Room 105
46 East Ohio Street
Indianapolis, Indiana 46204

If you have any questions, please call (317) 229-3950.