

UNITED STATES BANKRUPTCY COURT DISTRICT OF OREGON

APPLICATION TO PARTICIPATE IN THE U.S. BANKRUPTCY COURT PRO BONO PROGRAM

Acknowledgement of Terms	
I,	
	- Tune Oregon State But Professional Elability Pana. 165 170
Contact Information Name:	Firm Name:
Address:	
	Telephone No.:
E-mail:	Languages
Practice Areas	
Please select the practice areas in which you l	nave an interest in assisting pro se parties:
Discharge litigation §727	Real property/Mortgage accounting disputes
Dischargeability litigation - §523 [Fraud]	Dischargeability litigation - §523 [Student loans]
Violations of automatic stay	Reaffirmation agreements Judicial settlement conferences
Exemption claims	Violation of discharge injunction Domestic relations issues
Criminal/Restitution issues	Other (please list):
Conflicts of Interest	
Does your practice include representation of s	state, county, or municipal government entities? Yes No
Apart from government conflicts, please list a	any other major client conflicts here:
Are you willing to represent either debtors or	creditors? Debtors only Creditors only Either
Case Assignment	
How many pro bono cases are you willing to Program Coordinator.) Apart from the conflictso, please list them here:	take in a year? (nonbinding but to facilitate administration by the ets above, are there any types of cases that you do not want to be assigned to? If
Application Certification	
By my signature below, I accept the terms set Program.	forth above and agree to participate in the U.S. Bankruptcy Court Pro Bono
*Please send completed applications to the co Program Administrator at <i>robert_reeves@ora</i>	