

HAMPDEN COUNTY BAR ASSOCIATION
CHILDREN'S LAW PROJECT
50 State Street • P. O. Box 559 • Springfield, MA 01102-0559

Application for Panel Membership

The Hampden County Bar Association (HCBA) is looking for members to participate in the Children's Law Project (CLP), which is funded by the Massachusetts Bar Foundation and sponsored by HCBA, to represent children. If you are interested in participating in the CLP and are in agreement with the appointment process and required criteria, please sign and date this application. A letter stating your qualifications must be filed with the Children's Law Project Administrator.

Please return to: Hampden County Bar Association
50 State Street • P. O. Box 559
Springfield, MA 01102-0559
Attn: CLP Administrator

Name: _____ Telephone No.: _____

Address: _____

BBO# _____ Tax ID.: _____ Fax No.: _____

I am available to participate in the CLP and understand that the following criteria is required:

1. I have had experience on contested custody matters in the past 24 months.
2. I have a minimum of two (2) years experience practicing before the Probate or Juvenile Court.
3. I have included two (2) recommendations from individuals familiar with my ability to practice Domestic Relations Law. One of the recommendations must be from a Judge.
4. I will make every attempt to interview my client child(ren) within thirty (30) days and will appear at a Pre-trial Conference arranged within ninety (90) days of appointment.
5. I will attend one (1) IOLTA sponsored mandatory seminars per fiscal year (September 1 - August 31), or submit proof of attendance at equivalent family law related seminars or courses.
6. I will take one (1) pro bono case per year.
7. I have a legal malpractice insurance policy in force. (Cover sheet must be included with application.)
8. I understand billing has a twenty (20) hour maximum limit per assignment and is paid at a rate of \$75.00 per hour. If the case goes to trial the maximum number of hours will increase to thirty (30) hours.
9. I will send monthly bills to the CLP Administrator. I understand that my failure to do so could jeopardize payment.
10. I am a current member of the HCBA, who sponsors this program, and agree to keep my membership current while participating in CLP.

I have read the above and agree to abide by the regulations.

Date: _____ Signature: _____