

MENTOR REQUEST FORM

Member's Name:

Firm:

Contact Number:

Email Address:

Check Area of Practice you seek assistance with:

- | | |
|---|---|
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Criminal |
| <input type="checkbox"/> Civil Litigation | <input type="checkbox"/> Tax |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Administrative/Boards/Tribunals |
| <input type="checkbox"/> Estate Planning and Administration | <input type="checkbox"/> Arbitration |
| <input type="checkbox"/> Matrimonial/Family | <input type="checkbox"/> Bankruptcy/Insolvency/Receivership |
| <input type="checkbox"/> Corporate | <input type="checkbox"/> Employment/Labour |
| <input type="checkbox"/> Admiralty | <input type="checkbox"/> Mediation |
| <input type="checkbox"/> Intellectual Property | |

If there are specific qualities you would prefer in your match, please identify them.

If there are any firms you would prefer not to work with due to a conflict, please identify them.

If there is not a suitable match in your area, would you be willing to connect long-distance and work with a Mentor via phone or email?