

**APPLICATION TO BE RECOGNIZED AS AN ORGANIZATION PROVIDING
PRO BONO PROGRAMS OR SERVICES IN OHIO**

This application should be completed by an organization seeking recognition by the Commission on Continuing Legal Education as providing pro bono programs or services, pursuant to Gov. Bar R. X, Sec. 5(H)(5).

Please email completed form to:

CCLC@sc.ohio.gov

1. Name of Organization:

2. Address:

City:

State:

ZIP Code:

3. Telephone Number:

4. Telephone Number:

5. Website:

6. Name of Organization Director or Executive Director:

Name:

Phone Number:

Email:

7. Name of person completing this form:

Name:

Phone Number:

Email:

8. What Geographic area does your organization serve?

APPLICANT ORGANIZATION PROFILE

9. Organizational Structure:

Nonprofit Organization

For Profit Corporation

Religious Organization

Educational Institution

Government Entity

Other

10. Is your organization registered with the Ohio Secretary of State?

Yes No

11. Is your organization registered with the Ohio Attorney General's Office?

Yes No

12. How many years has your organization been in existence?

13. Number of Support Staff:

14. Is the pro bono program part of a larger organization?

Yes No

If yes, please describe:

15. Please describe your governing body:

a. Number of officers or directors:

b. How are they appointed:

c. What is the length of their terms:

16. Is the pro bono program certified by an independent organization?

Yes No

If yes, please describe:

FUNDING AND FINANCIAL INFORMATION

17. What is your organization's funding source(s)?

CLIENT INFORMATION

18. What client population does your organization serve?

19. Does your organization have client eligibility requirements?

Yes No

If yes, what are they?

20. Does your organization have a client intake process?

Yes No

If yes, does this process include a conflicts check?

Yes No

21. How does your organization advertise its pro bono services?

ATTORNEY VOLUNTEERS

22. How does your organization recruit attorney volunteers?

23. How does your organization determine whether a volunteer attorney is in good standing and is otherwise eligible to practice law in Ohio?

24. How does your organization determine what types of cases the volunteer attorney may be assigned to?

25. What training do you provide volunteer attorneys?

26. Is training required for volunteer attorneys?

Yes No

27. Are there mentoring opportunities provided to volunteer attorneys?

Yes No

28. Does your organization supervise its volunteer attorneys?

Yes No

29. Do you require that volunteer attorneys have malpractice insurance?

Yes No

30. Do you provide malpractice insurance for volunteer attorneys?

Yes No

COMPLAINTS AND GRIEVEANCES

31. Does your organization have a mechanism to receive, investigate, and resolve complaints about volunteer attorneys?

Yes No

Please explain:

CERTIFICATION

Does your organization have adequate staff and resources to collect, maintain, and report accurate information about volunteer attorney pro bono hours to the Commission on Continuing Legal Education?

Yes No

I certify that the information provided in this application is true and accurate to the best of my knowledge.

Signature of Applicant

Date

FOR CCLE STAFF ONLY

APPROVED

DENIED Reason for Denial: _____

CLE Staff: _____ Date _____